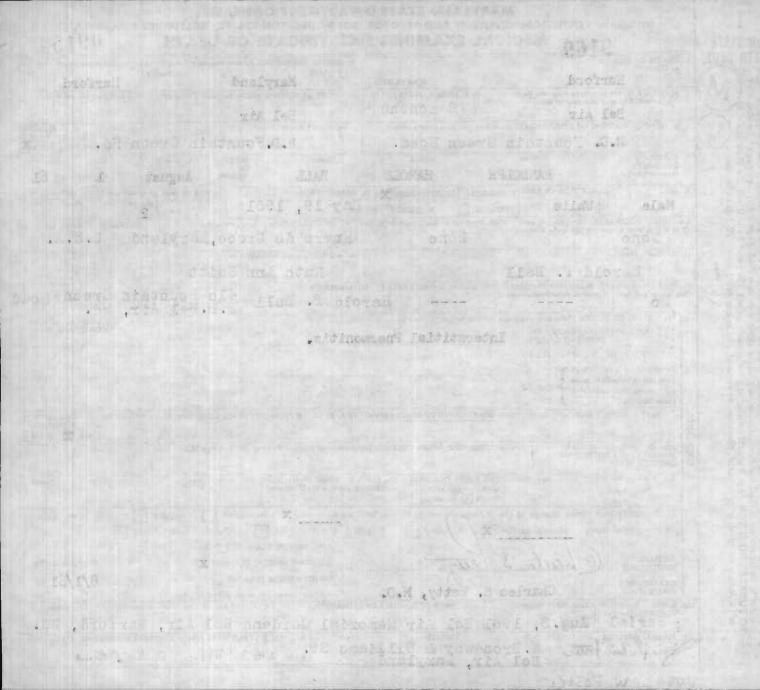
MARYLAND	STATE DEPARTMENT	OF HEALTH-BALTIMORE,	18
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5. SEX 6. COLOR OR RACE White WIDOWED DIVORCED DEC. 26, 1883 9. AGE (In years lost birthdoy) 77 yrs. DOUGHT OF WHAT COUNTY Practical Nurse 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if refired) Nursing Sharon, Md. 14. MOTHER'S MAIDEN NAME	
RURAL ond give nearest town) Rural Forest Hill 77 yrs. Rural Forest Hill 6. NAME OF HOSPITAL (If not in hospitol, give street oddress) Bailey Road 3. NAME OF DECEASED (Type or primannah Bertha 5. SEX 6. COLOR OR RACE Female White WIDOWED DIVORCED Monith Monith DOYS Monith DOYS Monith Monith Monith DOYS Monith Monith Monith DOYS Monith Monith Monith DOYS Monith Monith DOYS Monith Monith DOYS Monith Monith Monith DOYS Monith Monith DO	
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3. NAME OF DECEASED (Type or primarian Bertha Baird Baird DEATH Aug. 25, 19 6 5. SEX 6. COLOR OR RACE 7. MARRIED DIVORCED D	A?
5. SEX 6. COLOR OR RACE White Widowed Divorced Dec. 26, 1883 9. AGE (In years lost birthdoy) 77 yrs. 100. USUAL OCCUPATION (Give kind of work done) Usual Occupation (Give kind of work done) Practical Nurse Nursing 104. Mother's Maiden Name 105. SEX 9. AGE (In years lost of lo	61
Female White WIDOWED DIVORCED Dec. 26, 1883 77 yrs. Months Doys Hours Min. 100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Practical Nurse Nursing Sharon, Md. 13. FATHER'S NAME	
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Practical Nurse Nursing Sharon, Md. USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	NTRY?
13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	
William Baird Annie Baird	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address	
No Miss. Elizabeth Baird Forest Hill, I	Md.
18. CAUSE OF DEATH [Enter only one couse per line for (o). (b). ond (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Hypo Static Lowbar Pneumonia due to Pronchiectasis Uniterval Between ONSET AND DEATH Lays Conditions, if ony, which gover rise to immediate couse (o), stoting the under-lying couse lost. Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS AUTOPS PERFORMED? PERFORMED?	S
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPS PERFORMED? YES NO CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year Month, Day, Year While Not while of work of	
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour o. p. m. 19 While Not while of work of work 19 to work 19 Not w	ote)
21. I certify that I attended the deceased from Nov. 1953, 19, ta Aug. 21, 1961, that I last saw the decear alive an Aug. 21, 1961, and that death accurred at 2100A. M, from the causes and an the date stated about ADDRESS (Street, city or town, stote) ACTUAL SIGNATURE Aug. 25, 1961 PHYSICIAN'S NAME (Type) Willard P. Hudson M.D. Forest Hill, Maryland.	oave.
220. BURIAL, CREMATION, REMOVAL (Specify) 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote)	
Burial 8/28/1961 William Watters Cooptown Maryland	
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE (Markles C. Aburt Jarrettswelle Md DATE AUG 28'61 Circles & France	

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH **FOR STATE** HEALTH DEPT. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission) director, Page or your files. a. COUNTY b. COUNTY Harford Harford MARYLAND Marvland b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL end give neerest town) write RURAL and give neerest town) months Bel Air Bel Air d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat address) for d. STREET ADDRESS e. IS RESIDENCE ON A FARM? the funeral R-D-Fountain Green Rd. R.D. Fountain Green Road. retained ne State B YES NO A NAME OF Middle 4. DATE DECEASED OF the RANDOLPH. (Type or print) HAROLD. BALL 19 61 DEATH August with 6. COLOR OR RACE 7. MARRIED NEVER MARRIED X S. SEX 8. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. may 2 wit lest birthdey) Months May 19. Mala 1961 WIDOWED [DIVORCED T s 1, 2, a age 5 1 and 7 72 ho 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) Pages 1, 2, 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Havre de Grace. Maryland U.S.A. None None with form PMo-Give Page 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Ruth Ann Suitt Harold P. Ball \$5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT 410 Fountain Green Road (Yas, ac. or unkown) (Ifyasgivewarordatesofservica) Harold P. Ball 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).] INTERVAL BETWEEN l-transit p ONSET AND DEATH PART I. DEATH WAS CAUSED BY: ng" in pencil i r's Office alor s a burial-trans removal, and Interstitial Pneumonitis. IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which (b) gove rise to immediate cause chief Medical Examiner's age 3 should be used to burial, each DUE TO (e), steting the undarlying cause lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? NO F 20e. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of Injury in Part I or Part II of itam 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. Acertificate, w. de to the Chief writing 20c. TIME OF INJURY Month, Day, Yeer 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Homa, farm, 1 20f. (City or lown) (County) (Stete) factory, street, office bldg., atc.) Hour a.m. While Not While at work at work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion lease execute the certific t should be forwarded to FUNERAL DIRECTO It its designated agent, p agent, death resulted from: Natural causes X. Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY DEPUTY MEDICAL EXAMINER 8/1/61 EXAMINER'S Charles S. Petty, M.D. NAME (Type) Address (Street, city, town, or county) 22c. NAME OF CEMETERY OR CREMATORY 22e. BURIAL, CREMATION, 22b. DATE THEREOF 22d. LOCATION (City, town, or country) (Stele) Burial 240 g Bel Air Memorial Gardens Bel Air, Harford, Md. 1961 24e. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR VS. AISME W. Broadway & Williams St TDATE AUG 3 Tithur & Hours 5M 9/60 Bel Air. Maryland Joseph W. Foster



TO HC LIAL OR A INDING PHYSICIAN: The law requires that the death certain by the hospital or attending physician. S death. Page 4 may be retained by the hospital or attending physician. Ye CUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon pagers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. 050

MARYLAND STATE DEPARTMENT OF HEALTH

DIVIS E 1, MARYLAND 09160

SION OF STATISTICAL RESEA	RCH AND RECORDS, 301 W. PRESTO	N STREET, BALTIMOR
9170	CERTIFICATE OF DEATI	Н

1. PLACE OF DEATH e. COUNTY		2. USUAL RESIDENCE	CE (Where deceese		Residence befor	e edmission)
Harford	MARYLAND	e. STATE Mary	land	b. COUNTY H	arford	
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (I	f outside corporete	limits, write RURAL	end give neerest i	own)
Aberdeen	2 hours	28 Aber	deen			
d. NAME OF HOSPITAL OR INSTITUTION (if not in ho	spital, give street eddress)	d. STREET ADDRESS			0	RESIDENCE N A FARM?
Aberdeen Proving Ground,	Maryland	Lest	East Deer	1 Month	Dev Y	NO DE
DECEASED (Type or print) MARIE		RUBE	OF DEATH	August	00	9 61
5. SEX 6. COLOR OR RACE 7. MARRI	ED X NEVER MARRIED 18	. DATE OF BIRTH		E (In yeers IF UNDE	AND DESCRIPTION OF THE PARTY OF	DER 24 HRS.
Female White WIDOW			1928 32	2 yrs. Months		1
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (Coun	ty & State, or forei	gn country) 12. (CITIZEN OF WHA	T COUNTRY?
Housewife		Mille F	lorida		USA	
13. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME			
REUBEN M. CAPO		Sarah M.	Myatt			
	SOCIAL SECURITY NO. 17.			Address		
NO NA	61-32-44-80 University	Sarah M Cap	o (Mother	r) Same as	#2	
1B. CAUSE OF DEATH [Enter only one ceuse per	line for (a), (b), end (c).]	Dollar III Odija	(1110 0110		INTERVAL	
PART I. DEATH WAS CAUSED BY:	iac Arrest due	to unknown c	ause		ONSET AN	
DUE TO						
Conditions, if eny, which (b)			736			
geve rise to immediate cause (e), stating the underlying DUE TO						
ceuse lest. (c)						
PART II. OTHER SIGNIFICANT CONDITIONS CO	NTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMIN	NAL DISEASE CON	DITION GIVEN IN PA		S AUTOPSY REORMED?
PART II. OTHER SIGNIFICANT CONDITIONS CO	SCRIBE HOW INJURY OCCURED). (Enter neture of injury in	Pert I or Pert II of it	em 1B.)		
Hour a.m. Whi	leNot While fac	CE OF INJURY (Home, farm tory, street, office bldg., etc.		own) (C	County)	(Stete)
21. I certify that (I) (DCX Collis) after		nmet 28	1967 10 A 17	mst. 28 1	1067 that (1	XXX last
saw the deceased alive on August2						
22e. SIGNATURE	D SQL, and Inai	death occured and	Mark Itom Inc	a causes and of		22b. DATE
	do		AED. S	TAFF HYS. IX	lugust 2	SIGNED
22c. PHYSICIAN'S	Checking "	22d. ADDRESS TT	S. Army	Hospital		
NAME (Type) JIMMIE R. CIEAR	Y Capt MC	Aberdeen			harland	
23e. BURIAL, CREMATION, 23b, DATE THEREOF	23c. NAME OF CEMETERY			N (City, town or cou		(Stete)
Burel Spectry Sept 1-1961	arlugton ?	lational	arlu	egton (Va.	
24 FUNERAL DIRECTOR'S SIGNATURE	alestoesu.	Ze 1- DATE	SFP 5 161			
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS RESTON STREET, BALTIMORE 1, MARYLAND OF DEATH funeral (Where deceased lived, If institution, Rasidence bafore admission) PLACE OF DEATH e. COUNTY e. STATE b. COUNTY Harford Md. MARYLAND b. CITY OR TOWN (if outside corporete limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give naerest town) c. LENGTH OF STAY IN 16 É write RURAL and give negrest town 2 after Pages filled NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS papers. completel NAME OF 4. DATE Month DECEASED OF (Type or print) DEATH arbon withi 6. COLOR OR RACE 9. AGE (In years | IF UNDER 1 YEAR NEVER MARKIED pue last birthday) Months Days DIVORCED USUAL OCCUPATION (Give kind of work physician 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? 11. BIRTHPLACE (County & Stete, or foreign country) done during most of working life, even if refired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME .5 ding ple EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. (Yes, no hor unkown) | (Ifyesa) wer or detes of service 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (+) phy burial-transit DUE TO cerea trus Conditions, if a /, which peen geva rise to immediata causa DUF TO (a), stating the undarlying has ceuse lest PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(10) 1 19. WAS AUTOPSY certificate hospital 95 0 use prior 20e. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Pert I or Part II of item 18.) for OR CONTRIBUTING TI CAUSE OF DEATH the this (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 1 20c. TIME OF INJURY 20f. (City or town) (County) Month, Dey, Yeer factory, street, office bldg., etc.) While Not While Hour a.m. et work at work p.m. DIRECTOR: saw the deceased alive of ..19.4 22a. SIGNATUR ATTENDING MED PHYS. DIRECTOR PHYS. FUNERAL rector, page 3 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) director, be filed w LOCAMON (City, town or county) 23e. BURIAL, CREMATION 23c. VR A15 (4) 15M 9/60

. IS RESIDENCE

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IF UNDER 24 HRS.

Hours

ONSET AND DEATH

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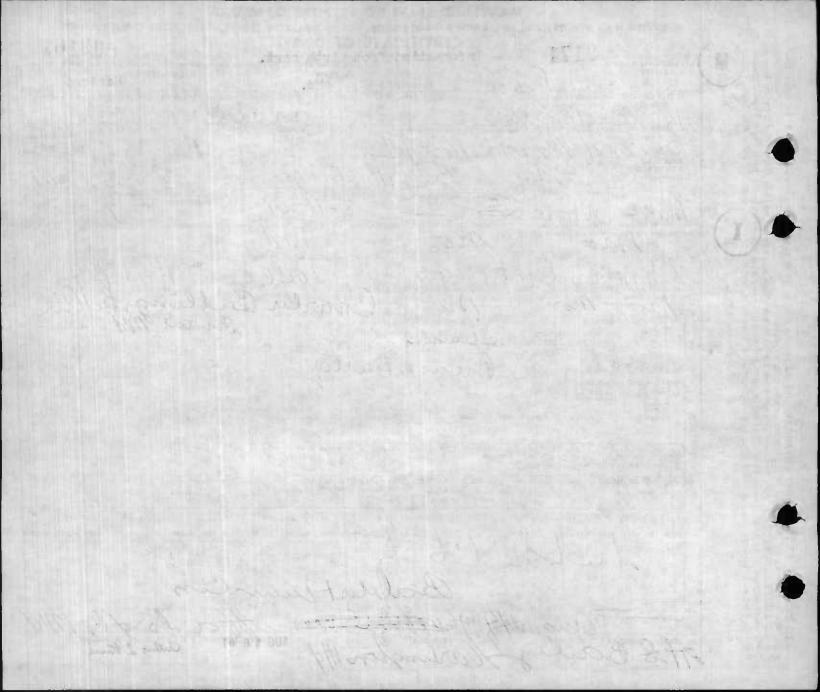
22b. DATE

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ON A FARM? YES NO



MARYLAND STATE DEPARTMENT OF HEALTH

Harford

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(County)

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. IS RESIDENCE

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IF UNDER 24 HRS.

Hours

ONSET AND DEATH

PERFORMED?

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22b. DATE

YES NO

12, CITIZEN OF WHAT COUNTRY?

ON A FARM? YES NO

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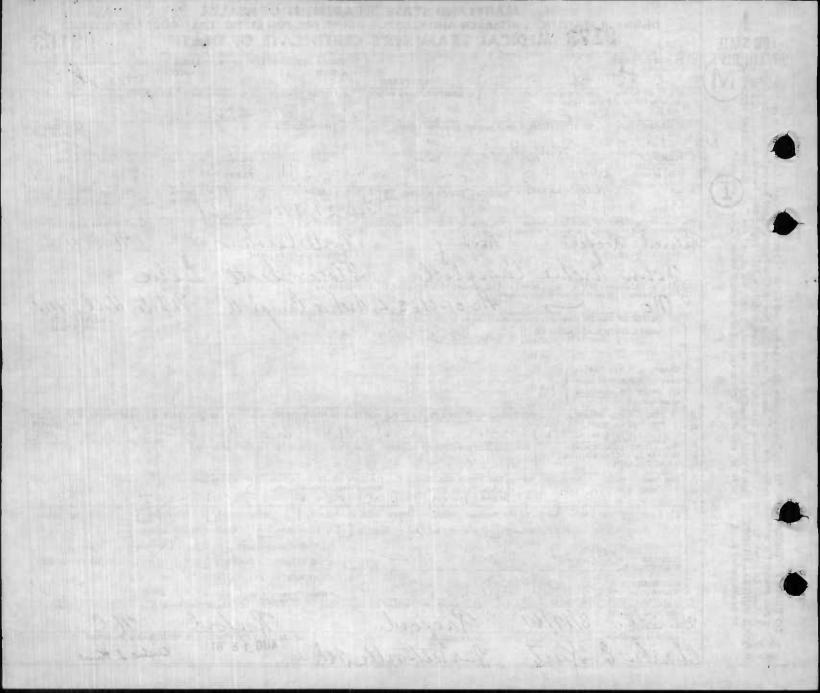
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FOR STATE TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours and 3 to the funeral director. Page please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health. or its designaled agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS. A15ME SM 9/60

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 123 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 09163

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	1.	PLACE OF DEATH a. COUNTY i. (Where daceased lived, If institution: Residence before edmission)
		HAVE MARYLAND 8. STATE M. 6. COUNTY HOUSE
		b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporate limits write PLIPAL and old page of lower
	-	write RUKAL and give neerest town)
7	-	A NAME OF MOCRATAL OR DISTRICTION OF
13.	Щ,	d. NAME OF HOSPITAL OK INSTITUTION (if not in hospital, give street address) o. IS RESIDENCE ON A FARM?
	4	NAME OF First Middle Last 14 DETE Health
	٥.	DECEASED A SOLUTION OF SOLUTIO
		(Type or print) A 1 ex 2 Nd cr C3 M pbe 1 DEATH A regret 19 19 61
	5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
4	/	WIDOWED DIVORCED Fels 27, 1900 (al yrs. Months Deys Hours Min.
		. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY
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		FATHER'S NAME 14. MOTHER'S MAIDEN NAME
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	15.	MAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 1 17. INFORMANT Address
		Address 16. SOCIAL SECURITY NO. 17. INFORMANT 17. INFORMANT 18. SOCIAL SECURITY NO. 18. SOCIAL SECURITY NO. 19. SO
		10 - 110-01-6663 L. aschel Campbell White Hall, Md.
		18. CAUSE OF DEATH Enter only one cause per line for (e), (b), end (c).]
		PART I. DEATH WAS CAUSED BY: Tracture spull
		Q) E DUE TO
		Conditions, if any, which (b)
		geve rise to immediate cause DUE TO
		(e), steing the underlying
	z	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY
5	10	PERFORMED?
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	CERTIFICATION	20e. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of Injury in Part I or Part II of Tiem 18.)
		CAUSE OF DEATH. Anto acidens
	MEDICAL	20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) Hour a m (County) (State)
	MED	Hour a.m. 8-12 19 61 While Not While at work I all Road, otc.) Beld it Ha
	2	21. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry , and in my opinion
		death resulted from: Natural causes , Accident X, Suicide , Homicide , Undetermined manner
9		CHIEF MEDICAL EXAMINER [] BOLD in MI
		ACTUAL I MANUEL TO A MANUEL TO
3		SIGNATORE P. M.D.
		EXAMINER'S GET ald CPD (Me M.) DEPUTY MEDICAL EXAMINER X Address (Street, city, town, or county)
20	220.	BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (State)
	B	urial 8/17/61 Raelord. Rooled M.C.
		FUNERAL DIRECTOR ADDRESS ADD
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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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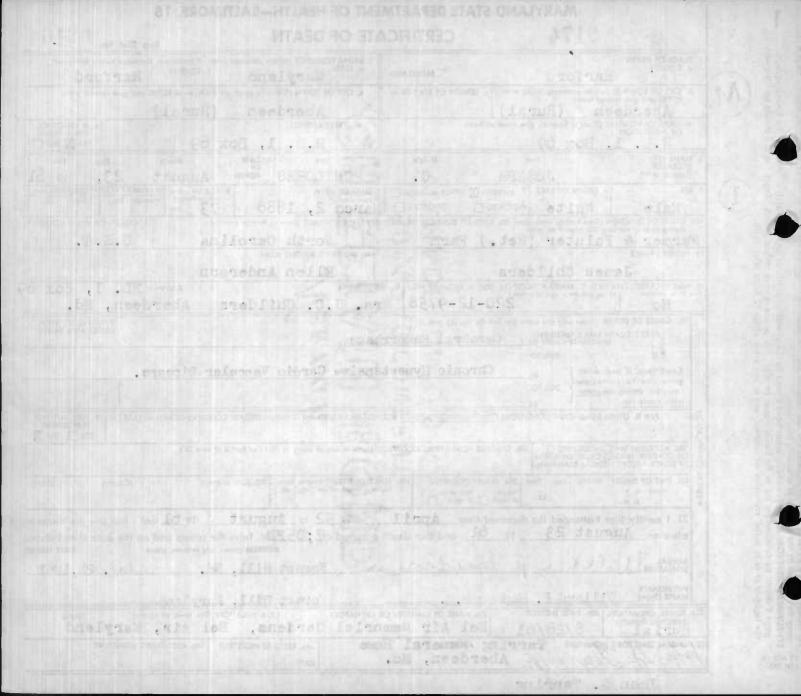
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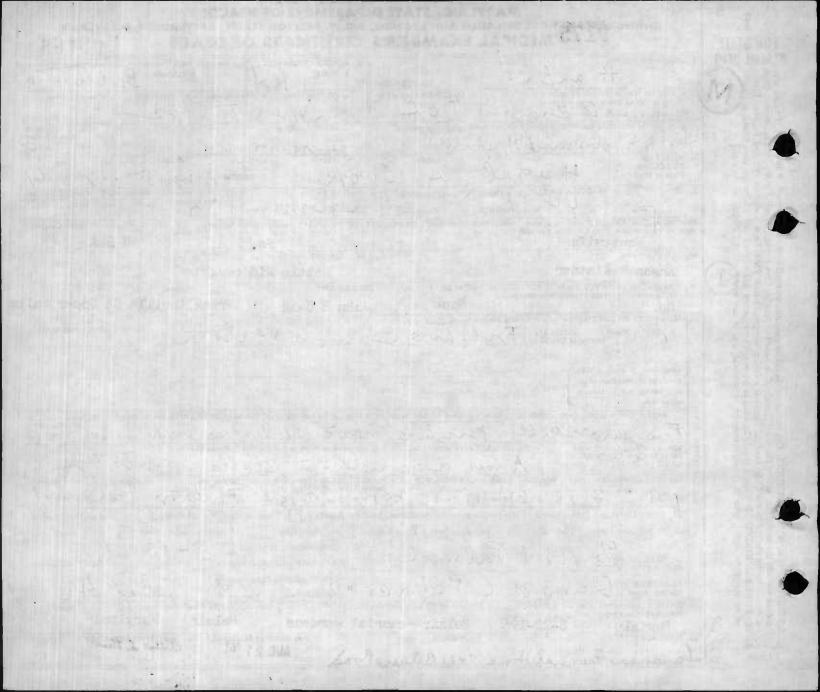
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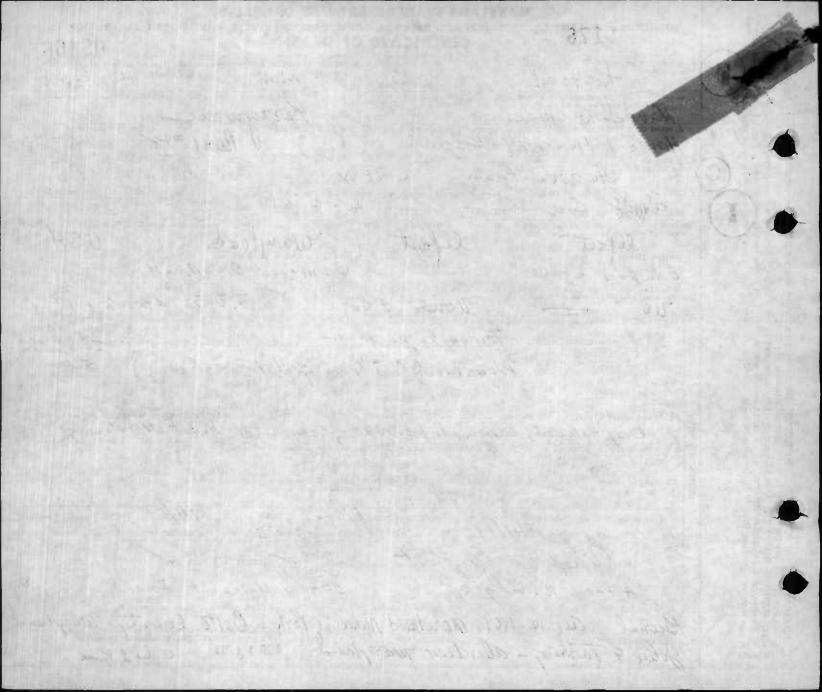
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND EDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where dacaesad lived, If Institution: Residence before admission) director. Page or your files. e. COUNTY e. STATE b. COUNTY MARYLAND b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL end give neerest town write RURAL and give nearest town) retained for your ne State Board of Hans NAME OF HOSPITAL OR INSTITUTION d. STREET ADDRESS e. IS RESIDENCE ON A FARM? to the funeral YES NO Franklinville Road NAME OF Middle 4. DATE Month Day Yeer DECEASED with the (Type or print) DEATH 19 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. and 3 2 with PM3. Page 5 may pages 1 and 2 wit within 72 hours a last birthday) Months Days Hours WIDOWED [DIVORCED g" in pencil in Item 18. Give Pages 1, 2, and 2. Office along with form PM3. Page 5 a burial-transit permit. File pages 1 and 2. emoval, and in any event control. 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or fofaign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Housewife U S Pa. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Anson R Kintner Mattie Middeaugh Md 15. WAS DECEASED EYER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Addrass (Yes, no, or unkown) | (Ifvasqive weror detes of service) Franklinville Rd Upper Falls None John H Cook No EXAMINER: This certificate should be executed 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c),] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) removal DUE TO Conditions, if any, which (b) "pending" gove risa to immediate cause please execute the certificate, writing the word "pending"
4 should be forwarded to the Chief Medical Examiner's
O FUNERAL DIRECTOR: Page 3 should be used as a
or its designated agent, prior to burial, cremation, or ren DUE TO (e), steting the underlying cause last, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 1 19. WAS AUTOPSY CERTIFICATION PERFORMED? 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. LEnter nature of injury in Part I or Part II of itam 18.) PRIMARY OF OF CONTRIBUTING CAUSE OF DEATH. WEDICAL 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, | 20f. (City or town) Month, Day, Year (County) fectory, street, offica bldg., etc.) Whila Not Whila 6 1 at holds 12 19 et work et work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection > Inquiry and in my opinion Natural causes Accident X Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE EXAMINER'S NAME (Type) DEP Address (Streat, city, town, or county) 22a, BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (State) REMOVAL (Specify) Maryland Belair Memorial Gardens Belair 8-22-196 Burial 240. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR ADDRESS DATE AUG 21 VS. AISME 5M 9/60

RYLAND STATE DEPARTMENT OF HEALTH



W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If Institution: Residence before edmiss e. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (if outside corporate limits c. CITY OR TOWN (If outside corporele limits, write RURAL end give neerest town) c. LENGTH OF STAY IN 16 HOSPITAL OR INSTITUTION (if not In hospital, give street eddress) ON A FARM? YES NO DEATH (Type or print) COLOR OR RACE 7. MARRIED NEVER MARRIED 18. DATE OF BIRTH / 9. AGE (In yeers | IF UNDER 1 YEAR | IF UNDER 24 HRS. lest birthdey) Months WIDOWED DIVORCED 10e, USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11, BIRTHPLACE (County & State, or foreign country) 13. FATHER'S NAME Winnifrod Smallwell 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT (Yes, no, or unkown) (Ifyesgive weror detes of service) 2. Crow 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), end (c).] Broncho Primonia IMMEDIATE CAUSE (e) (b) Preneturity (7/2 Mo gestation - 3# 1403 DUE TO (e), steting the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19. WAS AUTOPSY PERFORMED? 2De. ACCIDENT WAS UNDERLYING I 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Part II of item 18.) OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, ' 20f. (City or town) 20c. TIME OF INJURY Month, Day, Year fectory, street, office bldg., etc.) While _Not While et work et work 21. I certify that (I) (this hospital) atjended the deceased from 6/6/6/ /6 /..., 19, that (1) (we) last 19......, and that death occured at 5.5M, from the causes and on the date stated above. 22e. SIGNATURE ATTENDING SIGNED FUNERAL 22d. ADDRESS 22c. PHYSICIAN'S 608 S. Union St. Harrede Grace. director, be filed More land Memorial Parti 250, REC'D BY REGISTRAR 256, REGISTRAR SIGNATURE VR A15 (4) 15M 9/60

A TILLIX X



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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 shauld be filled with the State Board of Health prior to burial, cremation, ar removal, and in any event, within 72 hours after death. PHYSICIAN: The law requires that the death certificate be ex

TO HOSPI

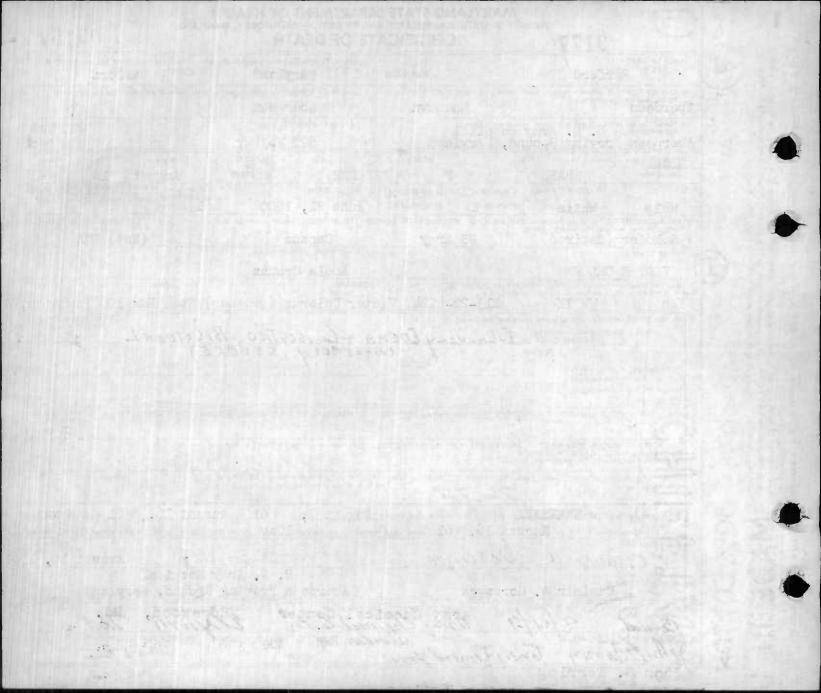
VR A1S (4) 15M 9/S9

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH 9177

09167

V-													
J.	PLACE OF DEATH o. COUNTY Har	ford		MARY	YLAND 2		DENCE (When		d lived. If institut b. COUNTY		ford		ion)
1	b. CITY OR TOWN (IF RURAL and give ned Aberdeen	outside corporate limi trest town)	its, write	c. LENGTH OF STAY Unknown	IN 1b	00	TOWN (If our	TR	rote limits, write l	RURAL ond	give neo	rest town)
	d. NAME OF HOSPITA OR INSTITUTION Aberdeen Pr	As OF HOSPITAL (If not in hospital, give street oddiess) NSTITUTION U. S. Army Hospital deen Proving Ground, Maryland 622 Walker							FARM?				
3.	NAME OF DECEASED (Type or print)	FRANK	rst	Middle		ORME.	it	4. DATE OF DEATH	Mo	eust	76		Yeor 1961
5.	SEX	6. COLOR OR RACE		RIED NEVER MARRI	6	DATE OF BIRT			9. AGE (In years last birthdoy)	9	-		R 24 HRS.
	Male	White	WIDOWE	ED DIVORCE	D	June 21	L, 1900	0	61 yrs		,-	110010	
10		N (Give kind of working life, even if retired) Retired)	done 10b.	US Army	or industr		ACE (Stote o	r foreign o	ountry)	(Na	. \	ISA	OUNTRY?
1/3	. FATHER'S NAME					14. MOTHER'S	MAIDEN NA	AME					
1)	VICTOR D	ELORME			190	Adele	Craus	az					
	. WAS DECEASED EVER	IN U. S. ARMED FOR		SOCIAL SECURITY NO). 17. INFO	RMANT			Add	dress		-	
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F		'H [Enter only one co	ouse per lin	ne for (o), (b), and (c).					*		LINTE	RVAL BE	TWEEN
	The second secon	H WAS CAUSED BY:	71			2-60	· CECTI	0.42	BILATE	201	ONS	ET AND	DEATH
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	Conditions	A		/	CMM	KLLDY	7		~-/				
	Conditions, if an	mediate	,							100			
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z		lying couse lost. (c) (c)											
18	PART III. OTH	EK SIGINIFICANT CON	IDITIONS C	CONTRIBUTING TO DE	AIN BUI N	DI KELATED IC) INE LEKMIN	IAL DISEAS	E CONDITION G	AEIA IIA LV	PERFORMED?		
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CERTIFICATION	OR CONTRIBUTING	CAUSE OF DEATH	200. DES	CRIBE HOW INJURY C	OCCURRED.	cnier noture d	ir injury in re	or ror	r ii or iieni is.)				
			or 20d It	NJURY OCCURRED	20e. PLAC	OF INJURY (Home, form.	20f. (City	or tawn)		(County)		(State)
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				ded the deceased		-				-			
		ed alive an Alle	nist]	16, 1961, and	that dec	th accurre	d at 10al	M, fram	the causes a	nd an th	e date		
	220. SIGNATURE		6,	ta.		ATTENDIN	G MFF		STAFF				SIGNED /
	Carin	we a.	540	Uge, Ca	M.I	D. PHYS.	DIR	ECTOR .			Augu	St 1	0, 190
	22c. PHYSICIAN'S NAME (Type)			11		22d. ADDR			my Hospi				
-	C	asimir A.	Gorca	zyca		Abero	deen Pr	rovin	g Ground	, Mar	ylan	ıd	
23	Burial, CREMATION REMOVAL (Specify)	V. 23b. DATE THEREC	OF 161	ATMY CH	demic	REMATORY OF	nter	23d. LOCA	Edgewoo	o county)	Md.	(Stat	le)
24	. FUNERAL DIRECTOR'S	SIGNATURE		ADDRESS	Celuse	un mel	2So. REGY	BY REGIS		ISTRAR'S S			T
	John Tola	my Tes	zin .	Freneral M.	121		DATE	4 2 2	a	rthun &	. Hear	44	
	John G.	Tarring				10.70				EUNO			



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 CERTIFICATE OF DEATH 09168 9178 Rea. Dist. No. director, iled with PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) filed a. COUNTY b. COUNTY MARYLAND Harford Maryland Harford b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carporote limits, write RURAL and give nearest town) 9 RURAL and give nearest town) should 16 hours Havre de Grace Rural, Beleadrad d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? Harford Memorial Hospital Vale Road YES NO ond NAME OF Middle Last 4. DATE Month Day Year DECEASED DEATH (Type or print) Howard Samuel 1961 Dill August 10. 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS Manths Days Hours Min WIDOWED F DIVORCED T Mala White October 19. YES. 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? Heavy Equip. Operator Government Maryland U.S.A 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Andrew J. Dill Mary M. Badders 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT No 220-22-0029 Mr. Norman Dill, 761 Henderson Rd., Bel Air, Md. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH d PART I. DEATH WAS CAUSED BY: 22 hours Coronary Thrombosis DUE TO permit. Conditions, if any, which gave rise to immediate DUE TO cause (o), stoting the underpuo Coronary artery disease lying cause last. burial-transit PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO V 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 ar Part II af item 18.) SO 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State) factory, street, affice bldg., etc.) USe Hour o. ft. While Nat while of work at works p. m. 21. I certify that I attended the deceased from November , 19.60, to August 10, , 1961, that I last saw the deceased pached and that death occurred at 1220 p.M., from the causes and on the date stated above. alive on August ADDRESS (Street, city or town, state) ACTUAL Forest Hill, Md. Aug. 11,1961 should PHYSICIAN'S NAME (Type) FUNER 220. BURIAL CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) page REMOVAL (Specify) Burriel 1618al Air Memorial Gardens 28. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24a. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE w. Broadway + williams St. VS A15 (4) 15M 9/55 arthur S. Hinney

death. funeral

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Joseph W. Foster

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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Whare dacaasad lived, If Institution: Rasidanca bafore admission a. COUNTY b. COUNTY Harford pletely filled in by the papers. Pages 1 and 2 and 2 72 hours after death. the day MARYLAND b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporeta limits, write RURAL end give neerest town) write RURAL and give neerest town) Aberdeen Aberdeen d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress)
U. S. ATMY HOSPITAL d. STREET ADDRESS Aberdeen Proving Ground, Maryland A-1-2 Lincoln Avenue 4. DATE DECEASED (Typa or print) DEATH TENTSE DILMORE August 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 18. DATE OF BIRTH 9. AGE (fn years | IF UNDER 1 YEAR last birthdey) Femala. WIDOWED DIVORCED August 15. physician 10e. USUAL OCCUPATION (Giva kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11, BIRTHPLACE (County & State, or foreign country) done during most of working life, even if retired Harford. Maryland Then please 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 2 THOMAS Earl DILMORE Linda D. Shaw 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yas, no, or unkown) | (Ifyes give wer or dates of sarvica) THOMAS EARL DILMORE (Father) same as #2 attending physician. as been signed by the 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Prematurity the burial-transit DUE TO gava rise to immediate cause DUE TO (a), stating the underlying certificate PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Part I or Pert II of item 18.) 2Da. ACCIDENT WAS UNDERLYING F OR CONTRIBUTING CAUSE OF DEATH After this DIRECTOR: After Ins 20c. TIME OF INJURY Month, Day, Yeer 2Dd. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, factory, straet, office bldg., etc.) While Not Whila Hour a.m. et work et work 21. I certify that the (this hospital) attended the deceased from August. 15. ..., 19.61 to August. 15. 19.61, that (1) (W) last 3 should saw the deceased alive on AUGUST....15.5.....19.61..., and that death occured a 26AM, from the causes and on the date stated above. 22a. SIGNATURE ATTENDING DIRECTOR PHYS. PHYS. TO FUNERAL director, page 3 be filed with the 22c. PHYSICIAN'S 22d. ADDRESS U. S. Army Hospital NAME (Type) MALCOIM MCIEAN Capt MC Aberdeen Proving Ground, Maryland 23d. LOCATION (City, town or county)
Birmingham 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, 23b. DATE THEREOF 25e. REC'D BY REGISTRAP 25b. REGISTRAR'S SIGNATURE VR A15 (4)

MARYLAND STATE DEPARTMENT OF HEALTH

Harford

a. IS RESIDENCE ON A FARM?

YES NO Y

IF UNDER 24 HRS.

6

INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? NO

> > (State)

15 August 1989

Alabama

arthur S. House

DATE

(State)

6hrs

12. CITIZEN OF WHAT COUNTRY?

USA

(County)

John 2050181XV

15M 9/60

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FOR STATE HEALTH DEP TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hour and death. If an adday is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Hall, or its designated agent, prior to burial, cremation, or removal, and in any eyent within 72 hours after death. TO DEPUTY MEDICA VS. A15ME 5M 9/60

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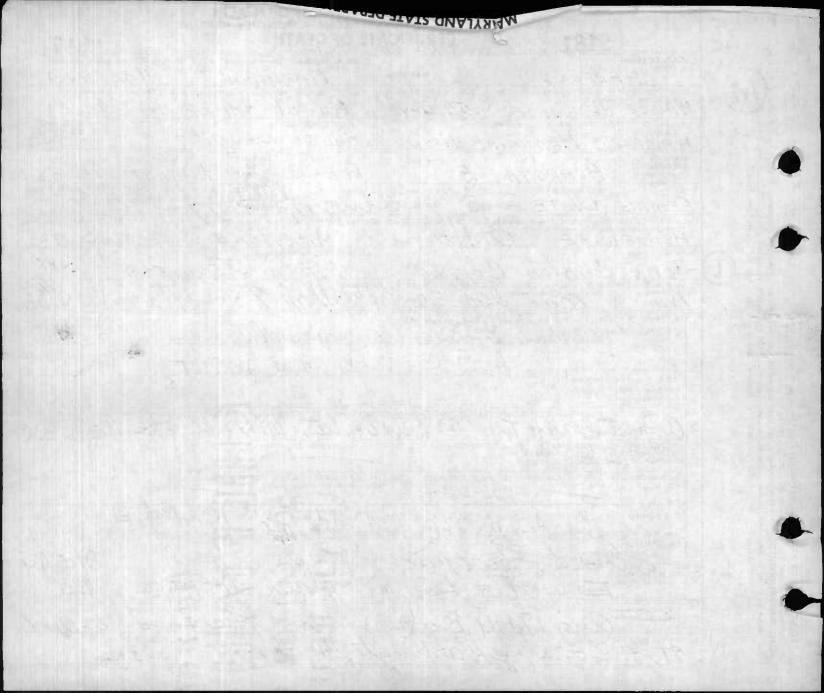
MAKILAND SIAIE DEPAKIMENT OF REALT	n
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, I	BALTIMORE 1. MARYLAND
9180 MEDICAL EXAMINER'S CERTIFICATE OF D	EATH OUT

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10		0.70-76-2
	1. PLACE OF DEATH , I TOM Y FILM GEYE	USUAL RESIDENCE (Where deceased lived, If institution, Residence before admission)
	o. COUNTY	a. STATE M b. COUNTY H
	MARYLAND	
)	b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 11 write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
4	Hanck Low 10-40.	Havede & as
66	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	d. STALET ADDRESS
		ON A FARM?
	WECLEV.	1 Kevolulin YES NO NO
-	3. NAME OF DECEASED Middle	Last 4. DATE Month Day Year
	(Type or print)	TWOOO DEATH AUGUST 2 1961
	5. SEX 6. COLOROR RACE 7. MARRIED NEVER MARRIED	
	o. COLORDE RACE 7. MARRIED MEYER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months Days Hours Min,
	MINIAL WHILE WIDOWED DIVORCED	Cur. 12 - 19/3 1 4/6 /m
	100. USUAL DECUPATION (Give kind of work 106. KIND OF BUSINESS OR INDUS	TRY 11. MANPLACE (State or foreign country) 45 Vrg 12. CITIZEN OF WHAT COUNTRY?
	dona during most of Working life, even If refired)	W. 11 CX
1	13. FATHER'S NAME	. Umsylvania U.S.A.
	13. PATREKS, NAME	14. MOTHER'S MAIDES HAME
	Unknown	Unknown
1	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	
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	w.w. 2 monoun /	na B. Eastwood Hand the Ms
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).]	INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY:	duy () CO ONSEI AND DEATH
	DUE TO	
	Conditions, if eny, which (b)	
	gave rise to Immediate cause [10] stating the underlying DUE TO	
	(a), starting the underlying	
	(6)	TOT BULLTED TO THE TERMINAL DISTANCE COMPLETED HIS STATE OF THE TERMINAL DISTANCE OF THE TERMINA
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO BEATH BUT I	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
-19	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT I	YES NO
-	200. EXTERNAL CAUSE WAS 206. DESCRIBE HOWINJURY OCCURED.	(Enter nature of injury in Part I or Part II of Item 18.)
	PRIMARY OF CONTRIBUTING	Whent to I am a com
=	HA UT WALL	rose in all
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20c. P	LACE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. P While at work of work of work of work	carry Haved Brantarbal My
	21. I certify that I took charge of the remains described above,	sold an Mitaney D. Inscribin 172 Inscript D. Line
	death resulted from: Natural causes, Accident, Su	icide Homicide Undefermined manner
7	n. , 0 n	CHIEF MEDICAL EXAMINER BOTH IN MI
	ACTUAL Y ALLA C CALMEN	- ASSISTANT MEDICAL EXAMINER DATE SIGNED
	SIGNATURE CONTRACTOR OF THE STATE OF THE STA	M.D.
	EXAMINER'S (DAY) C Da LAN W	MO DEPUTY MEDICAL EXAMINER &
	NAME (Type) OCTATO	Address (Streat, city, town, or county)
	226 BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY	OR CREMATORY 22d 10 CATION (City, town, or country) (Stete)
	REMOVAL (Spacify) 8/4/6/ 13.0/1.7	Jemmed Beller Md.
	23/ FUNERAL DIRECTOR ADDRESS	249. REC'D BY REGISTRAR 24b/ REGISTRAR'S SIGNATURE
	V 2 10 11 11	
	tressylven Im, Harred Shan	Mel. DATE AUG 3 '61. Turing & thrus

15-040 Here of 16 stiles Felstwood Angust 2 6 Belleville State P. J. CO dusto Color throbald no export to have 7-70 bl min x genery three Enathagen Palmer X 3 lares. 79/4/58 12-8-8

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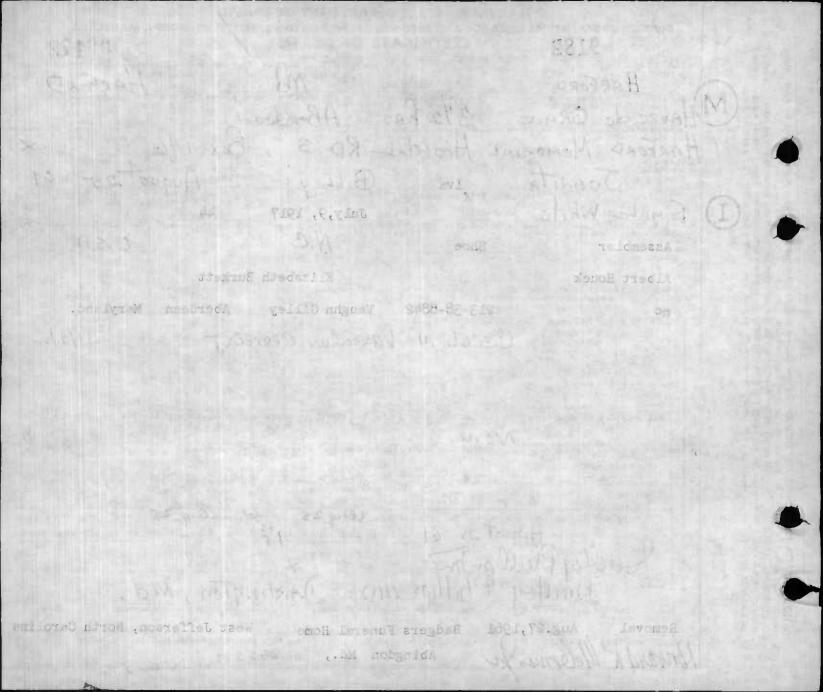


VR A15 (4) 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	3192 CEKIILICALE	OF DEATH
1.	PLACE OF DEATH	2. USUAL RESIDENCE (Where decessed lived, If institution, Residence before edmiss
	e. COUNTY HAR FORD MARYLAND	a. STATE B. COUNTY HOLE OF
1	b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate timits, write RURAL and give neerest fown)
1	write RURAL and give nearest town)	$\Lambda O I$
1	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS O. IS RESIDEN
1	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	ON A FAR
П	ARTORD MEMORIAL HOSPITAL	KD 3) DOX 146 YES NO
3.	NAME OF DECEASED First Middle	Lest 4. DATE Month Dey Yeer
	(Type or print)) UANITA TVA	DILLOU DEATH AUGUST 75- 1961
5.		B. DATE OF BIRTY 9. AGE (IN years IF UNDER 1 YEAR IF UNDER 24 H
	Foundle White WIDOWED DIVORCED D	July 9 1917 Lu yrs. Months Deys Hours Min
10	USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTR	0-31/1 -/-!
de	one during most of working life, even if retired)	A/ 0
	Assembler Shoe	N.C. U.S.A.
13	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	Albert Houck	Elizabeth Burkett
	. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT Address
11	es, no, or unkown) (Ifyes give we ror detes of service) 213-38-8842	Vaughn Gilley Aberdeen Maryland.
	18. CAUSE OF DEATH [Enter only one ceuse per fine for (a), (b), end (c).)	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY:	Scular Geoide J ONSET AND DEATH
	IMMEDIATE CAUSE (a) CC-CCDICIH VUC-	2 covar a recelent
	J DUE TO	
	Conditions, if eny, which (b)	
	geve rise to immediate ceuse (a), steting the underlying DUE TO	
	ceuse lest. (c)	
Z	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOP
ATIC	1/020	PERFORMED YES NO I
IFIC.	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED	D. (Enter neture of injury In Part I or Part II of item 18.)
CERTIFICATION	OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
		ACE OF INJURY (Home, farm, 20f, (City or town) (County) (Stete
MEDICAL		ctory, street, office bldg., etc.)
ME	p.m. 19 et work et work	
	21. I certify that (I) (this hospital) attended the deceased from	Clicy 25 , 1961, to Clicy 25 , 1961, that (1) (we)
	1	t death occured at
	22e. SIGNATURE	22b. DA
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ATTENDING MED. STAFF SIG
	22c. PHYSICIAN'S	22d. ADDRESS
	NAME (Type) 1 10 (VI = 16 1-1) 1.05 (111)) DARLANTON KIN
_	1 Cyliated Milling Mil	OR CPEMATORY 23d OCATION (City, town or county) (State)
23	B. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY REMOVAL (Specify)	
	Removal Aug. 27,1961 Badgers Fun	eral Home West Jefferson, North Carol
24	MUNERAL DIRECTOR'S SANATURE () ADDRESS	2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE
1	Arraya & Welcomes & Abingdon	Md., DATE NG 29'61
#	The state of the s	Orthur S. The



VR A15 (4) 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

-			
1.	PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, if institution:	Residence before admission
/_	HARFORD MARYLAND	MACHAND C	Ecil V
	b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b write RURAL end give nearest town)	c. CITY OR TOWN (If Jutside corporate limits, write RURAL an	nd giva nearest town)
1	HAURE OF GRACE 6 DAYS	Kueal 09	1x-2
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE
1	HARFORD MEMORIAL HOSP,	Rising Jun	YES NO
3.	NAME OF DECEASED First Middly	Lest 04. DATE Month	Day Year
	(Typa or print) PAUL JONES C	TOSS DEATH HUGUST	121961
5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 2	DATE OF BIRTH 9. AGE (In year) IF UNDER Months	1 YEAR IF UNDER 24 HRS. Days Hours Min.
	MAIE WhitE WIDOWED DIVORCED	1-11-1909 5/ yrs.	
	a. USUAL OCCUPATION (Give kind of work one during most of working life, even if retired)	0 1	TIZEN OF WHAT COUNTRY
	TRACKDRIVER Mushroom. Hav	ISE NORTH CAROLINA	U.S.A.
13	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
	WEBSTER GOSS	CAROLINE POWERS	
15 (Y	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT Address	c M
	NO 186-16-2931 11	rs. Paul Goss Risin	79347/1/6
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).]	. \	ONSEL AND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CETEL TO VAS	cular accident	2 W/S
	DUE TO O +		9
10	Conditions, if any, which \ (b) HPErio & C	eros is	SYrs
18	gave rise to immediate cause (a), stating the underlying DUE TO		
	ceuse lest. (c)		
TION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PAR	RT 1(a) 19. WAS AUTOPSY PERFORMED?
1 <			YES NO V
CERTIFIC	208. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED OR CONTRIBUTING CAUSE OF DEATH). (Enter natura of injury in Parl I or Part II of item 18.)	
	(IF EITHER, NOTIFY MEDICAL EXAMINER)		
MEDICAL		ACE OF INJURY (Home, farm, 20f. (City or town) (Cotory, street, office bldg., etc.)	unty) (State)
ME	p.m. 19 at work at work		11
	21. 1 certify that (I) (this hospital) attended the deceased from	3 19 10 8/12 19	6 /., that (I) (we) la
	saw the deceased alive on	death occured at2M, from the causes and on	
	22a. SIGNATON	ATTENDING MED. STAFF	22H. DATE
		A.D. PHYS. DIRECTOR PHYS.	0/1461
Т	22c. PHYSICIAN'S NAME (Type)	22d. ADDRESS	17
_	11211 / 009/07/07 110	1113 mg 30 m, 11	10 ,
23	BE BURIAL, CREMATION, 23b. DATE THEREOF 23c NAME OF CEMETERY	atani III it so	(State)
_	BUYIL DIOI GOSS CE	malery west detters	con //, C,
24	FUNERAL DIRECTOR'S SIGNATURE DOPRESS	Page 256. REC'D BY REGISTRAR 256. REGISTRAR'S AUG 1 5 '61 Clarker &	SIGNATURE
1/	my & Ill-Illand many &	DATE DATE	/ CLAULA

2.81 the same of the sa PHILE OF GEROR ERHS KHEH! Mariet Henrick Heap France Test tient down est coast the a THE ROPER OF MUSIC DE WATER CONTROLLING TO STAND AND THE Maderice seess - Chieffeline Parches EQUITION TO PROPERTY MENT PORT OF THE PROPERTY But S /// W/ Gas Confere y West Best of the

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 9184 **CERTIFICATE OF DEATH** Reg. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY MARYLAND Harford Marvland Harford b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) RURAL and give nearest town) Havre de Grace days Bel d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? Harford Memorial Hospital Box 45 Rt. YES NO NAME OF 4. DATE First Middle Lost Day Month Year DECEASED OF DEATH (Type or print) Fid par El lwood Grafton 19 67 Aug. 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years lost birthdoy) IF UNDER 1 YEAR IF UNDER 24 HRS Months Days Hours WIDOWED | DIVORCED T Male White 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) during most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY? Armycenter Chemical Retired ianitor Chestnut Hill USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Grafton Hall Jones Anna. 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 220-22-0052 Bel Mrs. Bettv Grafton Air. Md. 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) Pneumonia terminating Chronic Cardio Vascular DUE TO Disease, decompensated. Canditians, if any, which) davs gave rise to immediate DUE TO cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? Mid-thigh amoutation of right leg. (peripheral vascular disease) YES NO 20g. ACCIDENT WAS UNDERLYING COR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a. fi. Not white at wark at work 21. I certify that I attended the deceased from May 19.48, to Aug 19.61 that I last saw the deceased and that death accurred at 1100p.M, from the causes and an the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED 0 ACTUAL Forest Hill. Md. PHYSICIAN'S Willard P. Hudson M.D. Forest Hill. Maryland. NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) REMOVAL (Specify) Mt. Buria Vernon Marvland Prospect

ADDRESS

240. REC'D 8Y REGISTRAR

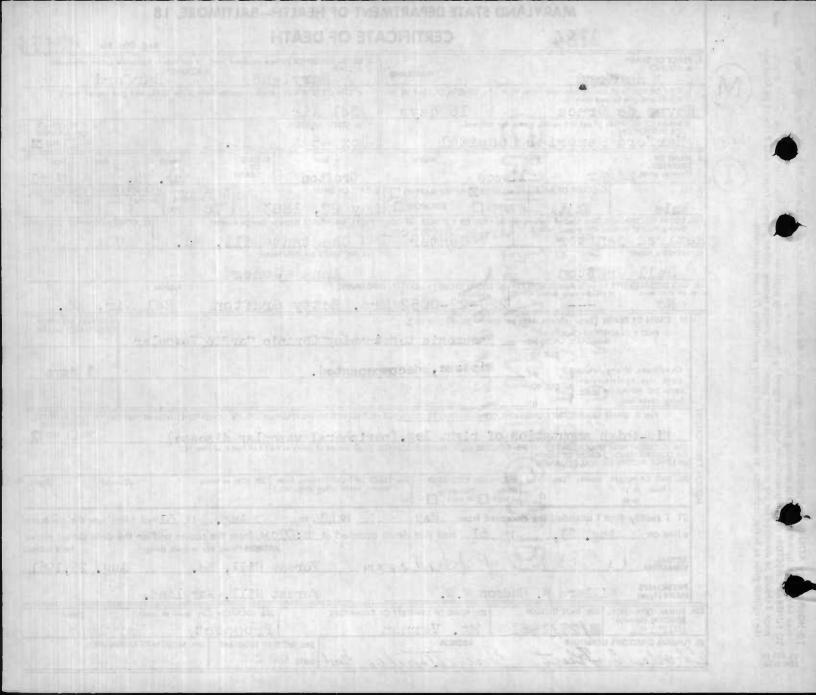
DATE AUG 2 8 '61

24b. REGISTRAR'S SIGNATURE

anthur S. Kraus

death: funeral shauld a use ploods VS A15 (4)

23. FUNERAL DIRECTOR'S SIGNATURE



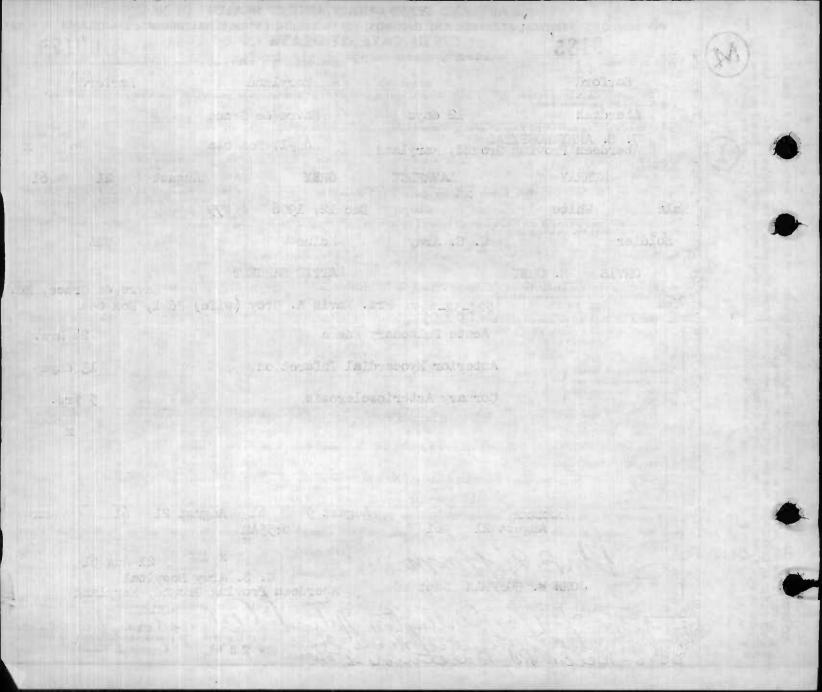
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DING PHYSICIAN: The law requires that the death certi

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 9185 09175

1,	PLACE OF DEATH a. COUNTY	1002 7 1110 02	Z. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)				
Harford MARYLAND b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest lown) c. LENGTH OF STAY IN 1b			Maryland Harford				
			c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)				
	Aberdeen	12 days	X Havre	de Grace			
	d. NAME OF HOSPITAL OR INSTITUTION (if not		d. STREET ADDRESS			e. IS RESIDEN	
	U. S. ARMY HOSPIT Aberdeen Proving	AL Ground, Maryland) Rd #1,	Box 64a		YES NO	
3.	NAME OF First DECEASED	Middle	Last	4. DATE Month	D	ey Yaar	
	(Type or print) MURRAY	LAWRENCE	GREY	DEATH August		1 19 61	
		AARRIED NEVER MARRIED 8	. DATE OF BIRTH	9. AGE (In years I last birthday)	FUNDER 1 YEA		
_		DOWED DIVORCED .	Dec 12, 1906	54/5/5/ yrs.	Monins Day	s Hours Min	
10a	n. USUAL OCCUPATION (Give kind of work ne during most of working life, even if retired)	106. KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (Cour	nty & Stete, or foreign country)	12. CITIZEN	OF WHAT COUNT	RY?
	Soldier	U. S. Army	Maine		U	SA	
13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME					
	ORVIS M. GREY		MATTIE SA	RGENT			
	WAS DECEASED EVER IN U.S. ARMED FORCES?		NFORMANT	Address	avre d	e Grace,	Md
(14	Yes (Ifyes give war or dates of service)	224-52-3959 Mrs	. Mavis A. G	rey (wife) Rd 1			
	18. CAUSE OF DEATH [Enter only one caus					INTERVAL BETWEEN	
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) Acute Pulmonary Edema ONSET. 24						
CERTIFICATION	DUE TO						
	Andronian Managardial Turbanaldan					13 days	
	gave rise to immediate cause						
	(a), stating the underlying causa last, Cornary Arteriosclerosis					5 yrs.	
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY						
						PERFORMED	-
FIC	20a. ACCIDENT WAS UNDERLYING 208	DESCRIBE HOW INILIRY OCCURED	(Enter neture of injury In	Part I or Part II of itam 18.1		YES X NO	1
CERT	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury In Part II or Part II of itam 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)						
CAL	20c. TIME OF INJURY Month, Day, Yeer 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) (State)						
MEDICAL	Hour a.m. While Not While factory, street, office bldg., etc.)						
	21. I certify that (I) (the month) attended the deceased from August 9, 161., tAugust 21, 161, that (I) (wax last						
	saw the deceased alive on August 21 101 and that death occurred 8.55AM from the causes and on the date stated above.						
Н	22e. SIGNATURE 22b. DATE						
	ATTENDING MED. STAFF DIRECTOR PHYS. DIRECTOR PHYS. D 21 Aug 61						
- 1	22d. ADDRESS U. S. Army Hospital						
	NAME (Type) JOHN E. HOFFMAN Capt MC Aberdeen Proving Ground, Maryland						
23	BURIAL, CREMATION, 236. PATE THEREOF	1230 NAME OF CEMEJERY		236. LOCATION (City, town		(Stata)	,
-	210 18/24/6	1 Irlenston	Malional	arlenst	nu	llinara	1.
24	GUNERAL DIRECTOR'S SIGNATURE	To ADDRESS Me	2 25a. REC	C'D BY REGISTRAR 256. REGI	STRAR'S SIGN	NATURE	
(633 6 Wolverlog 7	Call to so	- madate	28'61 C	mins S. 9	"inus"	
	USG SEXIII NO	1 : alleman					



death.

Joseph W. roster

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CERTIFICATE OF DEATH

arthur S. Trave

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) PLACE OF DEATH o. COUNTY o. STATE b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give neapest tawn Grace de d. STREET d. NAME OF HOSPITAL (If not in hospital, give street oddress) . IS RESIDENCE OR INSTITUTION ON A FARM? 622 OX YES NO NAME OF DATE Middle Month Year Lost Day DECEASED DEATH 196 (Type or print) THE 9. AGE (In years lost birthday) IF UNDER 1 YEAR F UNDER 24 HRS S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH Months Doys Hours DIVORCED [WIDOWED K 59 Mar.10.190210a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) U.S. Govt. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Haves Harris Margaret Fletcher 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address Mrs. Virginia Cross Edgewood Maryland no Kne for (a), (b), and (c). INTERVAL BETWEEN 18. CAUSE OF DEATH | Enter only one couse per ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gave rise to immediate **DUE TO** cause (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. PERFORMED? YES NO TO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIEY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, 20f. (City or tawn) (Stote) Doy. Year (County) foctory, street, office_bldg., etc.) Hour o. m While Not while of work at work 21. I certify that (I) (this haspital) attended the deceased fram 19 saw the deceased alive an o, and that death accurred at M, from the causes and an the date stated above. 22o. SIGNATURE DATE SIGNED ATTENDING PHYS. STAFF PHYS MED.
DIRECTOR M.D. ZZC. PHYSICIAN'S 22d. ADDRESS-NAME (Type 23c. NAME OF CEMETERY OR CREMATORY BURIAL, CREMATION, 236. DATE THEREOF 23d. LOCATION (City, town, or county) (State) Sept.1,1961 Cokesbury Memorial Abingdon, Harford, Maryland. 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE HOWARD K. Mc Com **ADDRESS** 25a. REC'D BY REGISTRAR Comas & Son Abingdon, Md.,

directar, filed with the funeral shauld be fi 64 ond = filled Pages deoth ofter o mplet papers. 12 1. pup 6 physicia remave O attendin permit. gned een 5 this detached may be retained by TO FUNERAL DIRECTOR: A mage 3 should be detach

VR A15 (4) 15M 9/59

Hard and the month of the state And their and the state of the U.G. Cort., g ... I was to be selected in the property of the Servet Sorris Margaret Filtonia ten grad boomsti tront bles. Virginia Jrona Diagnood Morginsh Bedick trous Herorick to the Arrows Herorick to the County Herorick Howard K. as Scales h S.a. Danielow, MS., S. Land Land Research

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ror	
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TO HOSPIN DR ATTENDIA PHYSICIAN: The law requires that the death certificate be exercised within 24 h offer death. Page 4 may be retained by the host and or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remained carbon papers. Pages 1 and 2 should be filled with the State Board of Health prior to burial, cremation, or removal, and in any event, within 72 haurs after death.

VR A1S (4) 15M 9/59

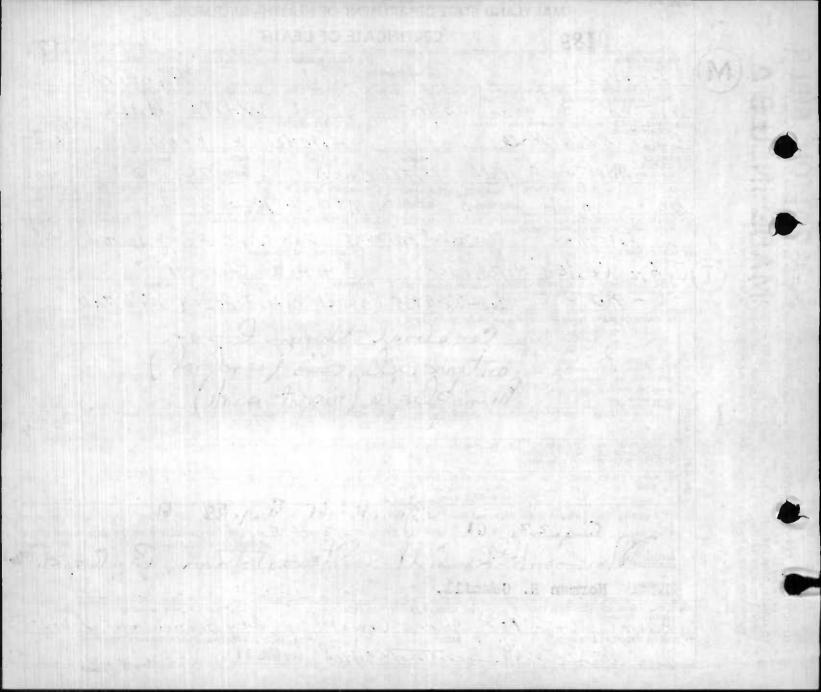
V	MARYLAND STATE DEPARTMENT OF HEALTH
V.	DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
24	9188 CERTIFICATE OF DEATH

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	1. PLACE OF DEATH o. COUNTY		2. USUAL RESIDENCE (Where de	eceased lived. If institution: Residence b. COUNTY	before admission)		
	Harford	MARYLAND	Maryland	Harford			
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside	corporate limits, write RURAL and gi	ve nearest town)		
	Aberdeen	19 days	Joppa	X			
1	d. NAME OF HOSPITAL (If not in haspital, give street of OR INSTITUTION US Army Hospit	ลา	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?		
1	Aberdeen Proving Ground,	Maryland	PO Box 56 Pin	e Road	YES NO		
	3. NAME OF First DECEASED	Middle ncis Hennessy	0	OATE Month OF DEATH Associate	Day Yeor 19 67		
	S. SEX 6. COLOR OR RACE 7. MARRIE	ED NEVER MARRIED	8. DATE OF BIRTH		YEAR IF UNDER 24 HRS.		
	Male Caucasian WIDOWED	28%	23 Jun 1890	last birthday) Months [Days Haurs Min.		
	10a. USUAL OCCUPATION (Give kind of work done 10b. K during most of working life, even if retired)		STRY 11. BIRTHPLACE (State or for	eign country) 12. CITIZ	EN OF WHAT COUNTRY?		
	D 1 1 2 0 0 0 1	Soldier	Fitchburg.	Mass	SA		
	13. FATHER'S NAME	DOLULOI	14. MOTHER'S MAIDEN NAME	1000	Dat		
)	Bernard Hennessy		Catherine E.	Hurley			
		OCIAL SECURITY NO. 17. IN	FORMANT	Po Box 56 F	dina Dand		
		5-42-2217 Ma	argaret C Hennes				
	18. CAUSE OF DEATH [Enter only one cause per line		ar Barron a morning	sy Joppa, Mar	TINTERVAL BETWEEN		
	PART I. DEATH WAS CAUSED BY:	te pulmonary	adama		ONSET AND DEATH		
4	HA SIMMEDIATE CAUSE (a) ACU	oe barmonary			1 hour		
	9/	tinle mulmene:	er ambali		2 days		
	gove rise to immediate (1)						
	cause (a), staring the under-	Undet					
	(c) rule both roundes 18 both lower extremetles						
4	PART II. OTHER SIGNIFICANT CONDITIONS CO Traumatic arthritis left				PERFORMED?		
				or Port II of item 18.) Arthri			
			ACE OF INJURY (Home, farm, 20f	struck face & kn			
	Hour 300. While	JURY OCCURRED 20e. PL	ctary, street, affice bldg., etc.)	. (City or fown) (Co	ounty) (State)		
	12:15. m. 17 Jul 1961 of work	of work M Hit	vay 40 I	Edgewood Harfo	rd Md		
	21. I certify that (I) (this haspital) attende	ed the deceased from.]	17 July 12.61	to 5 Aug 19 6	1, that (1) (we) last		
	saw the deceased alive an 5 Aug	19_61 , and that a	leath accurred a : 40 Mai	Mom the causes and an the	date stated above.		
7	22a. SIGNATURE	00	ATTEMPING	CTAFF.	22b. DATE SIGNED		
	albert trun	hel	M.D. ATTENDING MED. DIRECTO	OR PHYS. D 5 A	ugust 1961		
	22c. PHYSICIAN'S NAME (Type)		22d. ADDRESS US Army	Hospital			
	Albert Frankel		Aberdeen	-Proving Ground	Md		
	23a. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify)	23c. NAME OF CEMETERY O		LOCATION (City, town, or county)	(State)		
	Burial Aug.11,1961	Arlington Nat		lington Virg			
	24 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	2So. REC'D BY	REGISTRAR 2Sb. REGISTRAR'S SIG	NATURE		
	Howard I Mc Comas X	Abingde	on, Md., DANGIG 10	161 and 9 to			
	11		**				

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY Page b. COUNTY files. MARYLAND b. CITY OR TOWN (if outside corporate limits c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town) director. write RURAL and give nearest town) a Co d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) Por d. STREET ADDRESS Boar IS RESIDENCE ON A FARM? and 3 to the funeral retained he State B YES NO death. NAME OF Middla 4. DATE Month DECEASED the (Type or print) affer with 5. SEX DATE OF BIRTH 7. MARRIED NEVER MARRIED AGE (In yeers LIF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months WIDOWED [DIVORCED T 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? Suarines of working life, even if retired) Armed Force. Penna. US 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 18. Give William John Holgate Unknown 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 4 TO CONTO. SER . Bn. M. C. D. permit. Yes, no or unkown) (Ifyesgivewar or dates of servica) 200-24 with any Quantico. Va. CAMINER: This certificate should be executed 18. CAUSE OF DEATH [Entar only one cause per line for (a), (b), end (c). INTERVAL BETWEEN Office along burial-transit .5 ONSET AND DEATH ractures large PART I. DEATH WAS CAUSED BY: and IMMEDIATE CAUSE (a) in pencil pelvis, Rhu removal Conditions, if any, which "pending" geve risa to immediata causa ro Examiner's DUE TO (a), stating the underlying as 6 pesn causa last. cremation, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION 19. WAS AUTOPSY PERFORMED? 8 ease execute the certificate, writing the word should be forwarded to the Chief Medical FUNERAL DIRECTOR: Page 3 should by NO 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Entar nature of injury in Part I or Pert II of item 18.) burial PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED | 20e, PLACE OF INJURY (Home, farm,) Not While 20f. (City or town) (County) (State prior to factory, street, office bldg., etc.) While Hour a.m. at work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection and in my opinion Inquiry agent, Accident X Suicide death resulted from: Natural causes Homicide Undetermined manner CHIEF MEDICAL EXAMINER designated ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY DEPUTY MEDICAL EXAMINER NAME (Typa) Address (Streat, city, town, or county) 22a. BURIAL, GRMATION, 22b. DATE THEREOF REMOVAL (Specify) 8-9-196] NAME OF CEMETERY OR CREMATORY 22d, LOCATION (City, Jown, or country) E40 8 Beverly National Cem. Beverly, N.J. 0 ADDRESS 24a. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE VS. A15ME Perryville, Md. DATE AUG 1 0 '61 5M 9/60 Chrimon & Thouse

STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

. Barnet Foros. Penns. William John Holgete . 5. W. a . og . 128, 01,00 day 79 E8-95-00% Cn420% SnY WURDVice, We. 是不是一个人的人。 1000年1月1日 - 1000年1月 - 1000年1月 - 1000年1月 - 1000年1月 - 1000年1月 - 1000年1日 - 1000 & Surlay to -9-1961 Neverta Accional Lon. Beverly, N.d. The contract of the second of the said of

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

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CERTIFICATE OF DEATH 9191 03181

e. COUNTY Harford MARYLAND Lettry of Pown (if outside corporate limits, write RURAL end give nearest lown) Aberdeen Aberdeen Aberdeen Proving Ground, Maryland John Maryland Aberdeen RONALD KETTH Middle Lest Aberdeen RONALD KETTH MIDLON S. SEX ACCIDERSED (Ivyes or print) John LUSUAL OCCUPATION (Give kind of work done during most of working life, even if relired) N/A 13. FAHRE'S NAME RONALD RONALD MARYLAND MIDLON MARYLAND MARYLAND MARYLAND MARYLAND MARYLAND MARYLAND Aberdeen Proving Ground, Maryland S. SEX ACCIDERSED (Ivyes or print) MARYLAND
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S. SEX
Male White Widowed Divorced August 14, 1961 yrs. Months Days Hours 30 Hours Month of Widowed Mone during most of working life, even if refired) N/A 13. FATHER'S NAME RONALD KEITH HOLLON SR 14. MOTHER'S MAIDEN NAME RONALD KEITH HOLLON SR 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (16. SOCIAL SECURITY NO. 17. INFORMANT N/A RONALD KEITH HOLLON SR 16. SOCIAL SECURITY NO. 17. INFORMANT N/A RONALD KEITH HOLLON SR 18. CAUSE OF DEATH [inter only one ceuse per line for (e), (b), end (c).] PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (e) Prematurity (29½ weeks gestation) DUE TO Conditions, if eny, which give rise to immediate cause (e), stelling the underlying cause lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (e) 19. WAS AUTOPE PERFORMED. YES IN NO. 20e. ACCIDENT WAS UNDERLYING OR CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (e) 19. WAS AUTOPE PERFORMED. YES IN NO. 20e. ACCIDENT WAS UNDERLYING OR CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (e) 19. WAS AUTOPE PERFORMED. YES IN NO. 20e. ACCIDENT WAS UNDERLYING OR CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (e) 19. WAS AUTOPE PERFORMED. YES IN NO. 20e. ACCIDENT WAS UNDERLYING OR CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (e) 19. WAS AUTOPE PERFORMED. YES IN NO. 20e. ACCIDENT WAS UNDERLYING OR CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (e) 19. WAS AUTOPE PERFORMED. YES IN NO. 20e. ACCIDENT WAS UNDERLYING OR CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (e) 19. WAS AUTOPE PERFORMED. YES IN NO. 20e. ACCIDENT WAS UNDERLYING OR CONTRIBUTION OR COURSE OF PERFORMENT AND PE
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21. I certify that Of (this hospital) attended the deceased from August 14., 1961 to August 14., 1961, that (1) We)
saw the deceased alive on August
22e. SIGNATURE 22b. DATI
Julion Hevelo . M.D. ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. August 14.
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23e. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county)
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24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRES
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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND OF DEATH MEDICAL EXAMINER'S 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before edmission) 1. PLACE OF DEATH is ne. director. Pervour files. e. COUNTY b. COUNTY MARYLAND cide corporate limits, write RURAL and give nearest town) Harford c. CITY OR TOWN (If outside corporate b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 write RURAL and give nearest town) Phoenix City Havre de Grace d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) 1805 Crawford Avenue Harford Memorial Hospital 4. DATE Month NAME OF Middle DECEASED OF the the DEATH (Type or print) HOLMES JETTIE 0 19. AGE (In years | IF UNDER 1 YEAR with rs afte B. DATE OF BIRTH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED last birthday) may 2 wit Months Days and WIDOWED DIVORCED Give Pages 1, 2, al orm PM3. Page 5 ra File pages 1 and 2 vent within 72 ha 12. CITIZEN OF WHAT COUNTRY? 10b. KIND OF BUSINESS OR INDUSTRY 10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Samool FATHER'S NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 1 16. SOCIAL SECURITY NO. 17. INFO Address (Yes, no, or unkown) | (If yes give war or defes of service) permit. with in Item 18. CAUSE OF DEATH (Enter only one cause per line for (e), (b), end (ct) s's Office along vs a burial-transit premoval, and in 2 Acute massive/embolism due to pelvic phlebo-IMMEDIATE CAUSE (e) thrombosis DUE TO Conditions, if eny, which (b) geve rise to immediate cause DUE TO 95 (a), stating the underlying Examiner 0 nsed cremation, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY pe Word CERTIFICA plnods 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Part I or Pert II of item 18.) 2De. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. age 5 burir certificate, writing Chief MEDICAL 20c. TIME OF INJURY 2Dd. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, 2Df. (City or town) Month, Day, Year factory, street, office bldg., etc.) While Not While Hour e.m. to the at work at work please execute the certificate, v 4 should be forwarded to the D FUNERAL DIRECTOR: P or its designated agent, prior prior 21. I certify that I took charge of the remains described above, held an Autopsy | xi, Inquiry Inspection Undetermined manner death resulted from: Natural causes X Accident Suicide Homicide CHIEF MEDICAL EXAMINER 8-10-61 ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER DEPUTY EXAMINER'S FISHER. Address (Street, city, town, or county) NAME (Type) RUSSELL S. M.D. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) 22s, BURIAL, CREMATION, 22b. REMOVAL (Specify) Colgan H 240 p 0 ADDRESS REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR VS. A15ME

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e. IS RESIDENCE

YES NO

Year

1961

IF UNDER 24 HRS.

INTERVAL BETWEEN

ONSET AND DEATH

PERFORMED?

(State)

YES NO

and in my opinion

DATE SIGNED

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6	1. PLACE OF DEATH O. COUNTY HORFOR MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY
	b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
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G))	d. NAME OF HOSPITAL (If not in hospital, give street address)	d. STREET ADDRESS o. IS RESIDENCE ON A FARM?
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/	3. NAME OF First Middle	
	DECEASED MA TI	Hank and A. DATE Month Day Year OF
		110pK/NS DEATH 8 2 196/
	5. SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In yeors IF UNDER 1 YEAR IF UNDER 24 HRS.
	JEMALE WIN ITE WIDOWED DIVORCED	Nov. 25, 1921 39 yrs.
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	T4p15T U.S. Govt.	Mich. U.S.A.
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
T	MUSSELL OGR BEIL	Margarel Cassidy
1	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. II	NFORMANT Address 7 P
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	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]	INTERVAL BETWEEN
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		ACE OF INJURY (Home, form, 20f. (City or town) (County) (State) ctory, street, office bldg., etc.)!
	Hour o. m. p. m. 19 While Not while fo	A .
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	4-1-1-	death occurred at 2 M, fram the causes and an the date stated abave.
	220. SIGNA (DED) 1 1 2 (2) 2 1 1	. 22b. DATE
	allful Wi Gugolest 190	M.D. ATTENDING MED. STAFF PHYS. SIGNED
	22c. PHYSICIAN'S	22d. ADDRESS
	Altred W. Grigoleit MD	608 3. Union Ave. Houre de Brace, Md.
	23g. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY C	
	Burial 8/5/61 Hillcrest (Cemetery Annapolis, Maryland
	24. MNEDA DIRECTOR'S SIGNATURE Tarring APRISSER 1	Iome 250. REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE
	Your 4. Varrieg - Aberdeen, Md.	DATEAUG 9 '61 arthur S. Krous

TO HOSPIT. OR ATTENDIA PHYSICIAN: The low requires that the death certificate be exerted within 24 hr offer death. Page A may be revailed by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached far use as the buriol-transit permit. Then please remave carban papers. Pages 1 and 2 shauld be filled with the State Board of Health prior to burial, crematian, ar remaval, and in any event, within 72 hours after death. ofter death. Page

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MARYLAND STATE DEPARTMENT OF HEALTH 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND DIVISION OF STATISTICAL RESEARCH CERTIFICATE OF DEATH 9194 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission) e. COUNTY b. COUNTY MARYLAND sorporata limits, write RURAL and give nearest town) b. CITY OR TOWN (if out da corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside þ = Pages filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address d. STREET ADDRESS completely papers. 3. NAME OF DATE Middle DECEASED OF (Type or print) DEATH carbon AGE (In yeers | IF UNDER 1 YEAR MARRIED NEVER MARRIED lest birthdey) and Months WIDOWED X DIVORCED physician 10b. KIND OF BUSINESS OR INDUSTRY remove 14. MOTH please 2. attending and IAL SECURITY NO WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORM Then (Yes, no, or unkown) | (If yes give war or detes of service) 210 the 18. CAUSE OF DEATH (Enter only one couse per line for (e), (b), and (c). signed by PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (e) burial-transit DUE TO Conditions, if eny, which peen geve rise to immediate causa DUE TO (a), steting the undarlying burial, has ceuse lest. the 0 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 1 19. WAS AUTOPSY certificate 8 0 use prior 20b. DESCRIBE HOW INJURY OCCURED, (Enter natura of injury in Part I or Part II of itam 18.) 2De. ACCIDENT WAS UNDERLYING [Po OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED I 2De. PLACE OF INJURY (Home, ferm, ' 2Df. (City or town) 20c. TIME OF INJURY Month, Dey, Yeer factory, streat, office bldg., etc.) Not While While Hour a.m. et work at work p.m. DIRECTOR: 21. I certify that (I) (this hospital) attended the deceased from... 19.6/. to..... v ...19. [2]...., and that death occurred at Jan.M., from the causes and on the date stated above. saw the deceased alive on.. 22a. SIGNATURE ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. M.D. death. Page 4 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type director, be filed NAME OF CEMETERY OR CREMATORY LOCATION 23d. City, town or county D.

VR A15 (4) 15M 9/60

REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATUR UG 31 arthur & Keny

a. IS RESIDENCE

ON A FARM? YES NO

> 61 19

IF UNDER 24 HRS.

Hours

INTERVAL BETWEEN ONSET AND DEATH

PERFORMED?

NO Y

(Steta)

22b. DATE

SIGNED

12. CITIZEN OF WHAT COUNTRY?

Deys

(County)

sught from the first Mundace west free throw as It is Mars 2 - 2th F2 32 Chester Frank theorem 18 The State of the said winding with the Company Exected to be the Volume of Hentres of 11 There marked sil Congestive Here pulling Late aller Charles Dukter Phillips no Directing 1800 1 725 Burney Gother Methological Call Dury land Har & Tarrey - Wender Teacy lead Meather Call & Mar

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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noy be retoined by the h FUNERAL DIRECTOR: A page 3 should be detach 0

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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral PLACE OF DEATH 2. USUAL RESIDENCE (Where daceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY a. STATE Harford by the and 2 death. MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b. c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) Rural -Pylesville after Rural -Pylesville 50 years .⊆ filled in Pages d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) a. IS RESIDENCE ON A FARM? YES NO completely papers. 3. NAME OF First Middla Last 4. DATE Day Yaar Month 72 DECEASED OF MYRTTR (Typa or print) DEATH 19 6] N. LOWE August 9 and cor withi 9. AGE (In years | IF UNDER 1 YEAR 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED IF UNDER 24 HRS. 8. DATE OF BIRTH last birthday) Months Days Hours July 20,1884 WIDOWED DIVORCED event. 10a. USUAL OCCUPATION (Giva kind of work physician remove BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? dona during most of working lifa, avan if retirad) Housewife USA Mineola, Neb. 13. FATHER'S NAME please ding J.B. Proctor Mary Whiteside affend 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Addrass Then 16. SOCIAL SECURITY NO. | 17. INFORMANT (Yas, no, or unkown) (Ifyesgivawarordatesofsarvica) 220-34-6054 Clayton Lowe Pylesville. Md: the The law requirer attending physician. permit. 18. CAUSE OF DEATH [Entar only ona cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH I. DEATH WAS CAUSED BY: in IMMEDIATE CAUSE (a) has been signe e burial-transit DUE TO gava risa to Immediate cause DUE TO (a), stating the underlying cause last. certificate ha ö PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 1 19. WAS AUTOPSY hospital PERFORMED? as NO A use prior 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter natura of injury in Part I or Part II of itam 18.) OR CONTRIBUTING CAUSE OF DEATH detached for ۾ After MEDICAL 20d. INJURY OCCURRED | 20a, PLACE OF INJURY (Home, farm, (Stata) 20c. TIME OF INJURY Month, Day, Year 20f. (City or town) (County) factory, straet, office bldg., etc.) Whila Not Whila Hour a.m. efained death. Page 4 may be refrained.

TO FUNERAL DIRECTOR: 4 director, page 3 should be default be filed with the State Dant of at work at work 21. I certify that (I) (this hospital) attended the deceased from Ching Lu. g. ... a., 19.6 f., that (1) (we) last A, and that death occured at J.A.M., from the causes and on the date stated above. 22a. SIGNATURE ATTENDING MED STAFF SIGNED X DIRECTOR PHYS. PHYS. M.D. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Edward W. Hyson Grove, Penna. HOS 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (Stata) Burial (Specify) Aug.13,1961 Friends Fawn Grove, ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) Delta, Penna. DATAUG 1 4'61 15M 9/60 arthur & Krans

MARYLAND STATE DEPARTMENT OF HEALTH

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e. IS RESIDENCE ON A FARM?

Haurs

INTERVAL BETWEEN ONSET AND DEATH

Day

YES NO NO

Year

196

requires that the death certificate

20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Year Haur o. m. p. m. 21. I certify that (1) (this haspital) attended the deceased fram. saw the deceased alive or

1961 , and that death occurred at. M.D.

MED. DIRECTOR 22d. ADDRESS &

23d. LOCATION (City, town, or county)

State DT-SUL-SA

FUNERAL DIRECTOR'S SIGNATURE

23g. BURIAL, CREMATION, 23b. DATE THEREOF

ADDRESS

25a. REC'D BY REGISTRAR

25b. REGISTRAR'S SIGNATURE

23c. NAME OF CEMETERY OR CREMATORY

KLINGTON

AUG 2 9 '6' DATE

arthur & Keaux

(County)

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) PLACE OF DEATH a. COUNTY Pe HATE b. COUNTY MARYLAND CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give pearest town) Delta d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS OR INSTITUTION NAME OF First Middle Last 4. DATE Month OF DECEASED DEATH (Type or print) IF UNDER 1 YEAR IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years birthday) Months Days DIVORCED | WIDOWED TO 10o. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Address 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (s). PART I. DEATH WAS CAUSED 8Y:
IMMEDIATE CAUSE (o) DUE TO Canditions, if ony, which gove rise to immediate DUE TO cause (a), stoting the underlying couse last.

20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port II of item 18.)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY

20d. INJURY OCCURRED While Not while at work at work 20e. PLACE OF INJURY (Home, form, 20f. (City or town) foctory, street, affice bldg., etc.)

M. fram the causes and on the date stated above.

(Stote)

226. DATE

SIGNED

PERFORMED? YES NO Z

22g. SIGNATURE

22c. PHYSICIAN'S

MOVAL (Specify)

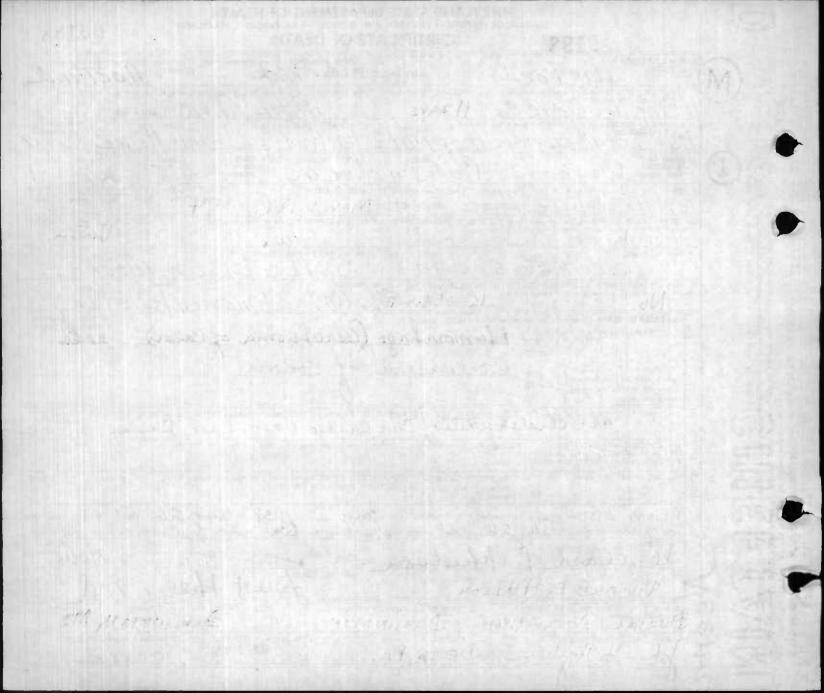
ATTENDING PHYS.

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1961_, that (1) (we) last

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE 1. PLACE OF DEATH USUAL RESIDENCE (Where dacaesad livad, If institution: Residence before authorission) e. COUNTY e. STATE b. COUNTY y is necessary director. Page Harford MARYLAND Tennessee b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL and give nearest town) write RURAL and give nearest town) To b Havre de Grace Turtletown d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? retained he State E Harford Memorial Hospital YES NO Middle 4. DATE Month DECEASED OF the (Type or print) DEATH 1961 JOHN MEALER 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH IF UNDER 24 HRS. AGE (In years | IF UNDER 1 YEAR 2 with lest birthday) Months and March 10.1911 WIDOWED [DIVORCED Male M3. Pages 1, 2, and M3. Page 5 repages 1 and 2 10a. USUAL OCCUPATION (Giva kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? dona during most of working life, even if ratired) I in Item 18. Give Pages ong with form PM3. Pansit permit. File pages 1 d in any event within 7 Polk Co. Tenn U.S.A. miner 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Tom Mealer Carrie Yoder 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) | (If yes give war or dates of service) 415-05-0568 Millard Finch Funeral Home, McCaysville, Ga 1B. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] ing" in pencil in Ite or's Office along v s a burial-transit p removal, and in a INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosclerotic cardiovascular disease DUE TO Conditions, if eny, which (b) "pending" geve rise to Immediate cause writing the word "pending" e Chief Medical Examiner's Page 3 should be used as a to burial, cremation, or re DUE TO (a), stating the underlying cause lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8)1 19, WAS AUTOPSY PERFORMED? NO 1 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of Injury in Part I or Pert II of itam 18.) PRIMARY [] or CONTRIBUTING [] CAUSE OF DEATH. writing 20c. TIME OF INJURY Month, Day, Yaar 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Homa, farm, ! 20f. (City or lown) (County) (Stata) factory, street, office bldg., etc.) Hour a.m. While Not While et work et work ease execute the certificate, should be forwarded to the FUNERAL DIRECTOR: 21. I certify that I took charge of the remains described above, held an Autopsy Inspection and in my opinion agent, death resulted from: Natural causes Accident Suicide Homicide Undetermined manner MEDIC CHIEF MEDICAL EXAMINER designated ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY DEPUTY MEDICAL EXAMINER 8-10-61 EXAMINER'S NAME (Type) NAME (Type) Russell S. Fisher, M.D. Add.
220. BURIAL, CREMATION, 22b. DATE THEREOF 222. NAME OF CEMETERY OR CREMATORY Address (Street, city, town, or county) 22d. LOCATION (City, town, or country) (State) REMOVAL (Spacify) Zion Hill Cemetery Ducktown, Tenn 8-10-61 240 g ADDRÉSS 24a. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR VS. A15ME Wm.Cook, Inc., 1217 St. Paul S. reet, Zone 2 Circling S. Firms 5M 9/60 DATAUG 11 '61

BETTERNEY LEARNEY driolash. However de farage Marin, of Michigan difficulty of the St. FASS-T-0738 VENNEL PRIOR SILEVIL PRIOR SILEVILLE, BUILDING, SILEVILLE, B artenio de la companio del companio de la companio della companio Bergeol Promise of the State of the Control of the ACASE, Let., 1317 St. Fail (, Polis, Said E) | William | Color | Colo

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	040	3	CERTIFICA	AIE OF DEATE			(1010()
1. PLAC o. Co	CE OF DEATH OUNTY	rd.	MARYLAND	2. USUAL RESIDENCE (W. o. STATE		institution: Residence	before admission)
	ITY OR TOWN (If outside corpor JRAL and give negrest town)	ote limits, write c. L	ENGTH OF STAY IN 16	c. CITY OR TOWN (IF	outside corporate limits,	write RURAL and give	e nearest town)
d. N	IAME OF HOSPITAL (If not in hose R INSTITUTION	a C C spital, give street oddre	255) //	d. STREET ADDRESS,	race	1.	e. IS RESIDENCE
#10	2R/-ORD ///	omorial	Hospilal	(P.D.) #	F3. B07	0213	YES NO
DEC	AE OF EASED GEONE	GEATH 11	e Keerl	Numbers	4. DATE OF DEATH	Manth	29 19 (a/
5. SEX	Manda Malla	RACE 7. MARRIED [NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In last birt	hdoy) Months Do	YEAR IF UNDER 24 HRS. ays Hours Min.
10a. US	UAL OCCUPATION (Give kind o	f work done 10b, KIND		USTRY 11. BIRTHPLACE (State	e or fareign country)	12. CITIZE	N OF WHAT COUNTRY?
	Housewife.	Tellieuj	Home	14. MOTHER'S MAIDEN	NAME .		1561.
13. 1211	James	Mal	COLM	Coh 120	abeth	WaL	KPR.
15. WAS	S DECEASED EVER IN U. S. ARMI		AL SECURITY NO. 17	INFORMANT,	Plank	Anddress	4.16
1B.	CAUSE OF DEATH [Enter only	one cause per line fal	(a), (b), and (c).]	183 IRANCES	HARA-	1 Lough	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSE	AUSE (a)	Ventrical	or dipuell	ation		Phins
	onditions, if any, which	OUE TO	Artorinacle	rote heart	0:50056		10 Vr.
co	ove rise to immediate ouse (o), stating the <u>under-</u> ing cause last.	DUE TO	Neward	arterioscler	Dois		10 114
I ==		IT CONDITIONS CONT		IT NOT RELATED TO THE TERM		ON GIVEN IN PART 1	(a) 19. WAS AUTOPSY PERFORMED?
CERTIFICATION	ACCIDENT WAS UNDERLYING	Zed an	ter: 09cle	RED. (Enter noture of injury in	Part Lor Port II of item	1R)	YES NO
	CONTRIBUTING CAUSE OF EITHER, NOTIFY MEDICAL EXAM	DEATH	THOSE WOOM OCCOM		Total Control of Notice	,	
WEDICAL 20c.	Hour a.m.	While _	Nat while	PLACE OF INJURY (Home, far octory, street, affice bldg., et		(Cau	unty) (State)
	I certify that (I) (this ha	01 110111	he deceosed from		H7 10 8-2	9 - 1961	, that (I) (we) lost
sa	w the deceased alive an	JK 1) S		death occurred a	OR, Mam the caus		date stated above.
1 220	JUNY.	Vood ma	la	M.D. ATTENDING M.D.	AED. STAFF DIRECTOR PHYS. [8-3	30-61 22b. DATE SIGNED
220	NAME DYBE	Rodman	M.D	22d. ADDRESS	St. Aber	deen 1	29.
23a. BU	RIAL, CREMATION, 23b. DATE MOVAL (Sperfy)	THEREOF 23c	NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City,	town, or county)	(Stote)
24. FUN	LEPA) DIRECTOR'S SIGNATURE	Tarrin	goptuneral	Home to REC	D BY REGISTRAR 256	REGISTRAR'S SIGN	IATURE
10	tu 9. Parri	g-Olier	deen. Zi	DATE	SEP 5 '61	Orthun S.	
0	John G. Tarri	'ng					Property Section

TO HOSP OR ATTEK. PHYSICIAN: The law requires that the death certificate be explicitly within 24 harm, after death. Page 4 may be remained by the harm or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Board of Health priar to burial, cremation, or removal, and in any event, within 72 Roys after death.

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20	MARYLAND STATE DEPARTME	NT OF HEALTH—BALTIMORE, 18	
1707	9201 CERTIFICA	TE OF DEATH Reg. Dis	t. No. 11919
	1. PLACE OF DEATH o. COUNTY Harford MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence o. STATE Maryland Harf	
(AA)	b. CITY OR TOWN (If autside carporote limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and g	ive nearest town)
IVI)	Rural Jarrettsville 41 yrs.	Rural Forest Hill	
X	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	Mear Jarrettsville	e. IS RESIDENCE ON A FARM? YES NO 🔀
	3. NAME OF First Middle DECEASED	Lost 4. DATE Month	Doy Yeor
1	(Type or print) Howard Watters	Patton OF DEATH Aug. 23.	19 61
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8.	DATE OF BIRTH 9. AGE (In years IF UNDER	YEAR IF UNDER 24 HRS.
	Male White WIDOWED DIVORCED]	Nov. 8. 1877 83 yrs.	Doys Hours Min.
F 23	10a. USUAL OCCUPATION (Give kind of wark done lob. KIND OF BUSINESS OR INDUSTI during most of working life, even if retired)	RY 11. BIRTHPLACE (Stote or foreign country) 12. CITI	ZEN OF WHAT COUNTRY
300	Retired salesman Wall Paper Co		A
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
	William Patton	Frances Gilbert	
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INF (Yes. no. or unknown) (If yes, give wor or dates of service)		
50	No 215-16-6926 Hor	ward W. Patton Jr. Forest	Hill, Md,
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]		INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Uremia		8 days
	OLO OX DUE TO		
	Canditians, if any, which (b)		
	gave rise to immediate couse (a), stating the under		
16		ascular Disease and Prostatic Hy	
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	1(a) 19. WAS AUTOPSY PERFORMED?
			YES NO K
	206. ACCIDENT WAS UNDERLYING 206. DESCRIBE HOW INJURY OCCURRED. OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	(Enter nature of injury in Port I ar Port II of item 18.)	
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While Not while foctor of work of work of work	CE OF INJURY (Home, form, 20f. (City or town) (Cory, street, office bldg., etc.)	ounty) (Stote)
	21. I certify that I attended the deceased from. Dec.	, 19_59, toAug. 23_, 19.61_,that I lo	ast saw the decease
1		occurred atM, from the causes and on th	
		ADDRESS (Street, city or town, state)	DATE SIGNE
	SIGNATURE Willard P / FLACTON	o. Forest Hill, Md. A	ug. 24,1961
- 3	PHYSICIAN'S		
	NAME (Type) Willard P. Hudson M.D.	Forest Hill, Maryland	
0	220. BURIAL, CREMATION, REMOVAL (Specify) 22b. DATE THEREOF 22c. NAME OF CEMETERY OR	CREMATORY 22d. LOCATION (City, town, or county)	(State)
Y	Burial 8/26/1961 William Wat	ters Cooptown Ma	ryland
10,	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIG	NATURE
ZX.	Chresles Co. Dury Jarrellowe	lle mod DATE AUG 28'61 arthur S.	Krown

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					10000		

VS A15 (4) 15M 9/55

	9202 CERTIFICATE OF DEATH Reg. Dist. No. 19192
1	1. PLACE OF DEATH a. COUNTY Harford Maryland 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY Harford Maryland
	b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)
	3. NAME OF DECEASED (Type or print) CHarles B. Richardson Death August 27 1961
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years lost birthday)
	10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) RET. 10a Farmer Farming 11. Mary 12 hd 12. CITIZEN OF WHAT COUNTRY? Wary 12 hd 13. FATHER'S NAME
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Not. op. or unknown) N Known (1) yes, give wor or dates of service) 220-34-5119 William Richardson Pyles ville, Md.
	18. CAUSE OF DEATH [Enter anly ane cause per line for (a) (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Canditions, if any, which gove rise to immediate cause (a), stating the under- lying cause last. (c)
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part II of item 18.)
0	(IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year Haur a. p. 19 While Not while at work at w
	21. I certify that I attended the deceased fram
	PHYSICIAN'S / LOSISH A HUNTMD Delta Pa.
	22c. NAME OF CEMETERY OR CREMATORY PREMOVAL (Specify) AU 9, 30,1961 High land Presby, Cemetery STreet, Many land 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS ADDRESS
N	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS L'ENNETH W. Gralum STewartstons DATE AUG 3 1 761 Cathur & Hand

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH	
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PERSONAL RELAKT	
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A RAMPHANES IN OFFICE STREET, THE RESERVE AND A STREET	
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PHYSICIAN: The law requires that the death certificate be es

VR A1S (4) 1SM 9/59

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

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		9203	CERTIFICA	TE OF DEAT	Н	00100		
1	1. PLACE OF DEATH	2=450	MARYLAND	2. USUAL RESIDENCE	Where deceased lived. If institution b. COUN	ution: Residence before admission)		
4		RFORD (If outside carporate limits, wr		NID . CITY OF TOWN	(If outside corporate limits, write	THREOND		
ŀ	RURAL ond give r	nearest town)	/ \	11	7	KOKAL ond give neorest town)		
ľ		TAL (If not in haspitol, give st	ZIFE	d. STREET ADDRESS	REDEGRACE	e. IS RESIDENCE		
	PD#2	The fit has in heaphon, give a		PD#2		ON A FARM? YES NO		
	3. NAME OF DECEASED (Type or print)	FVA	Male	PINE ER	4. DATE MODELLE MATERIAL MATER	Sonth Day Year		
1	S. SEX	6. COLOR OR RACE 7. A	MARRIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In yea	TE IF UNDER 1 YEAR IF UNDER 24 HRS.		
	FRULLE.	1	OWED A DIVORCED	FEA 23.1	879 Ray	110013		
1	10a. USUAL OCCUPATI	ON (Give kind of work done	106. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (St	ate or loreign country)	12. CITIZEN OF WHAT COUNTRY?		
Ų	HOUSE WIF	rking life, even if retired)	HOME	Mo		4.5.x		
1	13. FATHER'S NAME		C	14. MOTHER'S MAIDE	N NAME			
	GEORGE HARRISON BOWINAN HARRIET A. EVANS							
	(Yes, no, or unknown)	ER IN U. S. ARMED FORCES? If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 17, 11	PS LINDAR.	1- 11	EDEGRACE MD		
ŀ	1B. CAUSE OF DE	INTERVAL BETWEEN						
	PART I. DEATH WAS CAUSED BY: ACLUTE OUL MOUND ON TOOK TOOK							
Due to Canditions, if ony, which) (b) FRACTURE OF RT, FIEMOR (NECK) + 1 MON								
	lying couse lost.							
	PART II. OT	HER SIGNIFICANT CONDITIO	ONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TE	MINAL DISEASE CONDITION (GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?		
20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.)								
	OR CONTRIBUTING	G CAUSE OF DEATH	18h - 5011 DD	WN ON SI	TEPS AT HO	MI		
	\$ 20c. TIME OF INJU	RY Month, Doy, Year 20	Dd. INJURY OCCURRED 20e. PL	ACE OF INJURY (Home, I	orm, 20f. (City or tawn)	(County) (State)		
И	Y 20c. TIME OF INJU Hour a.m.	19 Wat	/hile Not while wark at wark	ctory, street, affice bldg.,	etc.)			
П	21. I certify that (I) (this haspital) attended the deceased fram. S/15							
	226. SIQNATURE () (22b. DAT							
John M.D. ATTENDING MED. STAFF PHYS. DIRECTOR DIRECTOR PHYS.								
	22c. PHYSICIAN'S NAME (Type)	-, 0	0) /	22d. ADDRESS	0	GRACE		
	(1) (1)	JOHN L). YUN, 14	D 6/5	S. UNION A	VC, HAURE de		
Ì	23a. BURIAL, CREMATION REMOVAL (Specify		23c. NAME OF CEMETERY C	R CREMATORY O	23d. LOCATION (City, low)	n, or county) (State)		
	PURIAL	lug. 18, 16	I WEST NOTTIN	CHAM (EM.	17	MD		
	24. FUTTERAL DIRECTOR'S SIGNATURE ADDRESS 250. RECEISTRAR 25b. REGISTRAR'S SIGNATURE Carthur S. Krous							
1	1 / / LUCK	I VI G	Il marrie 12	404.110				

1980 EXECUTION FOR MANY AND STATES OF A PROPERTY SERVICES Majner Edward Strain LV 15 DANS LX SENTENCE TO SELECT THE SECOND SERVICE OF THE SECOND SERVICE OF THE SECOND SERVICE OF THE SECOND SECO

CTATE DEDADTMENT OF HEALTH

	DIVISION O	F STATISTICAL	RESEARCI	H AND RECOR	DEFAR DS. 301	W. PRESTO	N STREET, E	ALTIMORE	1. MARYL	AND
		9204		CERTIFICA	TE O	F DEATH				113194
	HAT fo	rd		MARYLA	IND	a. STATE	d.	b. COUNT	HAr.	ford
HA	write RURAL and	(if outside corporate lind give pages town) CACE TAL OR INSTITUTION		2/ day	15-V	d. STREET ADDRE	N (If outside corpo	-	ACE	a. IS RESIDENCE
H	Artord	Memor	IAL I	HOSPITAI	11	165.0	VASHING.	gtoN (st.	YES NO
1	DECEASED Type or print) SEX	Est	er	O'Nei	11 5	Smith	OF DEATH	Augi	15+ 0	7 1961
1=	emale	White-	WIDOWED	DIVORCED	B. DA	JUL	× 3,1897	o & yrs.		
don	TO USE	NON (Giva kind of wo. orking life peven if ratio		A.P. B.		MAR	ounty & State, or the State, o	foreign country)	12. CITIZEN	SA COUNTRY
	WA 1+	er T	JAC	KSON		Ve 1/16	e Mod	re).	JACK	SON
		YER IN U.S. ARMED FO		CIAL SECURITY NO.	Mrs. 1	aymend	Collun	n Havr	ede Su	see Md.
		DEATH [Enter only on H WAS CAUSED BY: IMMEDIATE CAUSE (a	17 Ru	for (a) (b) (and ().)	M	MOO!	Mas 1	@4181		ITERVAL BETWEEN NSET AND DEATH
	351 Conditions, if any	DUE TO	(1)	1614	- 1	Paus	lini	400		
	gava risa to immad (a), stating the u causa last,	iate cause DUE TO		ouny-	4	nnv				
CATION		R SIGNIFICANT COND		BUTING TO DEATH	BUT NOT REL	ATED TO THE TER	RMINAL DISEASE	CONDITION GIVE	N IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
2	OP. CONTRIBUTING	AS UNDERLYING CONTROL CAUSE OF DEATH		IBE HOW INJURY O	CCURED. (Ent	er nature of injury	in Part I or Part II	of itam 18.)		
MEDICAL	20c. TIME OF INJU Hour a.m. p.m.	JRY Month, Day Y	While at work	_Not Whila		FINJURY (Homa, reat, office bldg.,		or town)	(County)	(Stafa)
	21. I certify to	that (I) (this hos	1111		- 1	th occured at	19.60 to.		~ /	that (I) (we) last date stated above
	22a, SIGNATOR	STOLIN	ons	0	M.D.	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.		22b. DATE SIGNED
	22c. PHYSICIAN'S NAME (Typa		June			22d. ADDRESS				
-	BURIAL, CREMAT REMOVAL (Specify	AUG. 12	REOF 2	angel)	Fill Fill	Cem.	HA	VRE DE	GRACE	E MO
24	Madis	er's signature	ell, 7	HAVRE DEL	GRACE	Mo. DATE	AUG 1 4	24	strar's signi withun 2. H	

TO HOST AL OR ALT WING PHYSICIAN: The law requires that the death certify be executed thin 24 hours after death. Page 4 may be retained by the hospital or attending physician.

S TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death

A CONTRACTOR Marked Proposition Asset de la superior de la company d Server Server Server Server Server Server Server the letter of the series differen Broth L The Enter Child Care and RIVER ME & ME CONSTANT COM ANWE DELIVATED ON A The deep The Eld The pater or his

PHYSICIAN: The law requires that the death certificate bc W SA TO HOSPITAL OR

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician of	page 3 shauld be detached far use as the burial-transit permit. Then please remave carb	the registrar priar ta burial, crematian, ar remaval, and in any event within 72 haurs after	1
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9/5	В		

	MARYL 9205	AND STA	TE DEPART				TIMORE, 1	8	41/1	4 ()
	J 14 U J		CERTIFIC	ATE OF D	EATH	1		Reg. Dist	. No. 13	195
PLACE OF DEATH O. COUNTY	Harford		MARYLAND	O STATE		nere deceosed	lived. If instituti b. COUNTY	an: Residence		issian)
RURAL and give r	If autside carporate limits	1 1	IGTH OF STAY IN 16	1	-		ate limits, write R			wn)
d. NAME OF HOSPI OR INSTITUTION	TAL (If not in hospital, gir	ve street oddress)	YEAR-S	d. STREET A	Bel DDRESS	Air	otan weres	n Prac	e. IS RI	ESIDENC A FARM
	IN GREEN RO	bAd			Rure	1		- 1-0.10	YES [□ NO
NAME OF DECEASED (Type or print)	First		Middle	Last		4. DATE OF DEATH	Man		Day	Year
i. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH			9. AGE (In years lost birthdoy)	IF UNDER 1	YEAR IF UNI	19 6 DER 24 H
Male		WIDOWED	DIVORCED [Jan. 7	.1878		83 yrs.	Manths E	Days Hours	s Mi
Da. USUAL OCCUPATI	ON (Give kind of work de king life, even if retired)							12. CITIZ	EN OF WHAT	COUN
Merchant : Ge		Retail	Business	Laur	al Sr	rings	N.C.	U	S.A.	30
3. FATHER'S NAME				14. MOTHER'S	MAIDENT	NAME				
Alex Wago					entir	ne Stan				
Yes, no, or unknown)	ER IN U. S. ARMED FORC (If yes, give wor or dates of ser	vice	SECURITY NO.	INFORMANT			Add			
No			32-3186	John H.	Stan	mer	Rt. 2, 1	Bel Air		
BART I DEATH WAS CAUSED BY								ONSET AN	D DEA	
IMMEDIATE CAUSE (o) COPONARY THROMOOSIS : SOCOND ATTACK								5 d	ays	
Conditions if any other to										
Canditions, if any, which gave rise to immediate (b) Chronic Cardio Vascular Disease.										
lying couse last.	the under- DUE TO								135	
	. (c). HER SIGNIFICANT COND	ITIONS CONTRIB	BUTING TO DEATH B	JT NOT RELATED TO	THE TERMI	NAL DISEASE	CONDITION GIV	EN IN PART	1(a) 19. WAS	AUTO
PART II. OT			01110 10 01111			TAL DISENSE	CONDITION		PERF	ORMED
	AS UNDERLYING CAUSE OF DEATH	206. DESCRIBE H	OW INJURY OCCUR	RED. (Enter nature of	injury in	Part I ar Part	II af item 1B.)			
	MEDICAL EXAMINER)	E-91247								
20c. TIME OF INJU	RY Month, Doy, Year		OCCURRED 20e.	PLACE OF INJURY (Hactary, street, affice	lame, farm	20f. (City	or tawn)	(Co	iunty)	(St
p. m.	19	at work at	OI WILLIE	The Late of				30.00		
21. I certify the	not I attended the	deceased fro	mMarch	1917	, toA	ug. 1	1961	that I lost	saw the	decec
alive an	July 31,	, 19 61	, and that dea	th accurred of	1:10	M, fram	the couses an	d an the	date state	ed abo
		10	1 1 0				reet, city ar tawn,			ATE SIG
SIGNATURE	Villar	18	tudas	ZA(.oF0	rest	H111,	Md.	Augr	st 2,	1961
PHYSICIAN'S W	LLARD P.		ON M.D,							
22d BURIAL, CREMATIC	ON, 22b. DATE THEREOF		NAME OF CEMETERY	OR CREMATORY		22d. LOCAT	ION (City, town,	or caunty)	(St	ote)
REMOVAL (Specify		1967	Bel Air Me	morial Ga	rden	Bel	Air.	Maryl	and	
23. FUNERAL DIRECTOR			DDRESS SI			D BY REGIST	RAR 24b. REGI	STRAR'S SIGI		
book so	Tael i	hir, ma	minud		DATE A	UG 3 '	61 0	Lithur S.	Kraus	
JOSEPH W. FR			0-1-1							

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VR A15 (4) 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

9206
CERTIFICATE OF DEATH

				-2- 12
1. PLACE OF DEATH 8. COUNTY 5 / 2		2. USUAL RESIDENCE (Where deceesed		before admission)
HARFORD	MARYLAND	. STATE MARYLAND	b. COUNTY HARF	CO
b. CITY OR TOWN (if outside corporete limits, write RURAL end give neerest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (M outside corporete li	mits, write RURAL end give ne	arest town)
HAVRE OF GENERALE d. NAME OF HOSPITAL OR INSTITUTION (if not i	n hospital, give street address	MDINGGON A. STREET ADDRESS		IS RESIDENCE
HARFORD MEMOR	CIAL HOSP.	HOOKER HILL	Rd.	ON A FARM?
NAME OF First	Mi dele	Last 4. DATE OF	Month Dey	Yeer
(Type or print) HRThur	G 57.	Ansbury DEATH	Hugust 1	3 19 61
11-1- 111-1-	ARRIEO NEVER MARRIED B	DATE OF BIRTH 1909 51	(In years IF UNDER 1 YEAR III Months Oeys Yrs.	Hours Min.
0a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	DE. KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (County & State, or foreign	country) 12. CITIZEN OF	WHAT COUNTRY?
Proprietor	011.	MARY/And	21.5	H.
3. FATHER'S NAME	-1	14. MOTHER'S MAIDEN NAME	1	
HOWARD K.	TANSBURY	HOA MAE	GREEN	
 WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unkown) (Ifyesgivewerordelesofservice) 	16. SOCIAL SECURITY NO. 717.	NFORMANT	Address	
NhO		bert L. Stansbury, Ca	llaway Maryla	nd.
1B. CAUSE OF DEATH [Enter only one causa PART I. DEATH WAS CAUSED BY:	par line for (a), (b), end (c).)	to 1 and		T AND DEATH
IMMEDIATE CAUSE (0)	aunsive an	leror myourie	e muneon	rages
DUE TO	and of		U	12 dans
Conditions, if eny, which geve rise to immediate cause	Tower un	emoores		12 dogs
(a), steting the underlying DUE TO cause lest.	man of at	tierarolerasio		2
	CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE CONDI	TION GIVEN IN PART 1(e) 19.	WAS AUTOPSY
PART II. OTHER SIGNIFICANT CONDITIONS 208. ACCIDENT WAS UNDERLYING OR CONTRIBUTING OR CO	>		YE	PERFORMED?
20a. ACCIDENT WAS UNDERLYING 20b.	DESCRIBE HOW INJURY OCCURED	(Enter neture of injury in Part I or Pert II of item	n 1B.)	
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				
		CE OF INJURY (Home, farm, 2Df. (City or tow	(County)	(State)
	While Not While fact	ory, street, office bldg., etc.)		
21. I certify that (I) (this hospital) a	tlended the deceased from	Aug 1 St., 196/ 10 Az	4. 13th 196.1, The	at (I) (we) l ast
saw the deceased alive on Huf	12 44 6 1		causes and on the date	e stated above.
22e. SIGNATURE	7	ATTENDING MED. STA	AFF O	22b. DATE SIGNED
dund	000mi M	D. PHYS. DIRECTOR PHY		14/61
22c. PHYSICIAN'S NAME (Type) Edward	E. Loo, M.	22d. ADDRESS HIN. Union A.	re Havre	de Grac
3e. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION	(City, town or county)	(State) Auci
Butial Aug.16,196	l Oak Lawn	Baltimo	ore Marylan	d
FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	25a. REC'D BY REGISTRAR	256. REGISTRAR'S SIGNATU	
Howard (Wolonnes X)	ADINGUON, N	aryland DATE AUG 18'61	Chilbur & Kray	8

HERSTON DE LES TONES PROMITE TRANSPORTE Harles de Seases In Days Hillary den HARRED HE MARK HEST FREEZ HILLES The think a second of the source of the second of the seco Plate white a sexure of the state of the Proprietors Lie Contractors and Lie Contractors Floringed & Stepschau Pila HAR GREEN M3-47-6653 Booke L. Stansbury, Onlines, Mergand. The Constitution of the second Comment Water score The state of the s Sales August 1951 Car Lawn Sitting Maryland. Language de la language de la company. Esta de la company de la company

OR ATTEND

VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

9207

09197

	o. COUNTY			2. USUAL RESIDENCE o. STATE	(Where deceased lived.		before admission)
	0. COOKIT	HARFORD	MARYLA	MD.	b.	CECI	L V
	b. CITY OR TOWN (I RURAL and give no	f outside carporate limits, w	rite c. LENGTH OF STAY IN	c. CITY OR TOWN	(If outside corporate limit	ts, write RURAL and giv	re nearest town)
		deGRACE	2 week	s PORT I	EPOSIT	RUR	LAL
		AL (If not in hospital, give s		d. STREET ADDRES	S		e. IS RESIDENCE ON A FARM?
		ARFORD MEMO	DRIAL HOSP.			0/4-	YES NO
3.	NAME OF	First	Middle	Last	4. DATE	Month	Day Year
	(Type or print)	ELMER	CI.ARENCI	E STIMP	OF DEATH	4/	24/ 1961
S.	SEX	The state of the s	MARRIED NEVER MARRIED		9. AGE	(In years IF UNDER 1	
1	MATE	WHITE WI	DOWED DIVORCED	D 8/31 / 180	23 67	pirthday) Months D	Poys Hours Min.
100	. USUAL OCCUPATION	ON (Give kind af wark dane	106. KIND OF BUSINESS OR	INDUSTRY 11. BIRTHPLACE (S	itate ar fareign country)	12. CITIZE	EN OF WHAT COUNTRY?
	CARPENT	king life, even if retired)	SELF EMPLO	YED PA-		11.5	S.A.
13.	FATHER'S NAME			14. MOTHER'S MAIDE	EN NAME		2.9.45.9
	TIME	KOMEN		KATHERIN	E S	TUMP	
15.			16. SOCIAL SECURITY NO.	17. INFORMANT	5	Address	
{Ye	NO	(If yes, give war or dates of service)	189-07-793	MRS. ELME	ER STUMP	PORT DE	POSIT. MD.
=		ATH Enter only one couse	per line far (o), (b), and (c).]	D MILOS DIDELL	C C	10111 22	
		TH WAS CAUSED BY:	Myssas		I af into	n	INTERVAL BETWEEN ONSET AND DEATH
	41	IMMEDIATE CAUSE (6)	1.140 00	17 0(0) -	sh arch	, ,	Samp
	1-21	DUE TO	12.7	1	4 =	1	2
	Conditions, if a gave rise to i	mmediate (b)	Vorientos	Terone	11601	OIZENSE	3 marie
	lying cause lost.						
z		J (c)	ONS CONTRIBUTING TO DEAT	H RUT NOT RELATED TO THE TE	FRMINAL DISEASE COND	ITION GIVEN IN PART	I(a) 19. WAS AUTOPSY
CATION		ien stotti teritti constitu	0110 0011110 1110 10 001111	TO THE RESIDENCE TO THE TE	THE DISTINCT CONTO	THOSE STREET STREET	PERFORMED?
IFIC	20a. ACCIDENT WA	AS LINDERLYING T 206	. DESCRIBE HOW INJURY OCC	URRED. (Enter noture of injury	v in Part I or Port II of its	em 18.)	I IES ILLY NO []
CERTIFIC	OR CONTRIBUTING	MEDICAL EXAMINER)					
	20c. TIME OF INJUR	Y Manth, Day, Year	20d. INJURY OCCURRED 20	De. PLACE OF INJURY (Hame,	farm, 20f. (City or town	n) (Co	ounty) (Stote)
MEDICAL	Hour o.m.		While Not while	foctory, street, office bldg.		,	
2	p. m.		at work ot work		11 8	1-4	/
	21. I certify tho	of (I) (this hospital) at	ttended the deceosed fr	-	1801, to		that (I) (we) lost
	saw the deceas	sed alive an S/ <	19.6.1, and th	hat death occurred at	W_M, fram the co	ouses and an the	
	22a. SIGNATURE	M: 0 9	010	ATTENDING/	MED STAF	F_	225. DATE SIGNED
	22c. PHYSICIAN'S	ner 1	antos	M.D. PHYS.	DIRECTOR PHYS	i. [1/22/21
	NAME (Type)	Nil I	7 8	and ADDRESS)		mill
-	J	IN SIN	axiorur	(90) V	me	(Columbia)	1111/
23	a. BURIAL, CREMATIC REMOVAL (Specify)		23c. NAME OF CEMET		23d. LOCATION IO	ny, town, or county)	(Stote)
2.	Burnal FUNERAL DIRECTOR	8/28/196	BROOKVIE	W CEM.	RISING	SUN 25b. REGISTRAR'S SIGN	MD
1 3	Dom on C	mª Mul	RISING	· CITAL DATE	AUI 2 9 61		
W.	2110110.		O WISTMG	DATE		arthur &	Marie

HARPOID TO SELECTION OF THE PERSON OF THE PE HARVE TEORET TO THE COURSE OF THE PROPERTY AND ADDRESS OF THE PROPERTY ADDRESS OF THE PROP HARROND MEMORIAL HOUSE. 49 6681 /16/8 ... MILLE MILLS STAN CORPORTER RET. SILK ENGINEER FA. 4 , 5 , DESIGNATE STUDENT KATHELINE STUDENT 189-07-7938 MBS. MLER STUNE FORT THE THE Street B/28/1961 BROOTSTEW CEM. RISING SDW. | Latert . de . we out is .

Division of STATISTICAL RESEARCH AND RECORDS, PRESTON STREET, BALTIMORE 1, MARYLAND 1028 MEDICAL EXAMI FOR STATE Item 9 Film (Where deceased lived, If Institution: Residence before admission) 1. PLACE OF DEATH e. COUNTY necessary, ector. Page b. COUNTY MARYLAND b. CITY OR TOWN (if outside corpore limits, c. LENGTH OF STAY IN 1b CITY OR TOWN (If outside corporete limits, write RURAL end give nearest town) director. write RURAL and give neerest town) oh d. NAME OF HOSPIJALOR INSTITUTION (if not in hospital, give streat address) e. IS RESIDENCE d. STREET ADDRESS Bog ON A FARM? retained he State B YES NO NAME OF Middle Last 4. DATE Month Day Yeer DECEASED the (Type or print) DEATH 19 with rs afte AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. 5. SEX 8. DATE OF BIRTH . Give Pages 1, 2, and 3 to prom PM3. Page 5 may be File pages 1 and 2 with event within 72 hours afternt within 72 hours afte 7. MARRIED T NEVER MARRIED last birthday) Months Days WIDOWED DIVORCED APPTOX . CITIZEN OF WHAT COUNTRY? 10a. USUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) done during most of working life, even if retired) Unkmown Unknown Unknown 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME sing" in pencil in Item 18, Give er's Office along with form PA as a burial-transit permit. File prremoval, and Inch over the comoval. Unknown Unknown 15, WAS DECEASED EVER IN U.S. ARMED FORCES? | 16, SOCIAL SECURITY NO. | 17, INFORMANT Address (Yes, no, or unkown) | (If yes give we ror detes of service) 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if eny, which (b) geve rise to immediate ceuse "pending" Examiner's DUE TO 95 (a), steting the underlying 0 Medical Examine should be used a rial, cremation, or cause last. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) | 19. WAS AUTOPSY CERTIFICATION PERFORMED? lease execute the certificate, writing the word should be forwarded to the Chief Medical E FUNERAL DIRECTOR: Page 3 should be r its designated agent, prior to burial, cremat NO 20a. EXTERNAL CAUSE WAS PRIMARY TO OF DEATH. 20b. DESCRIBE HOW INJURY OCCURED. Enter neture of injury in Part I or Part II of item 18.) MEDICAL 20d, INJURY OCCURRED 20e, PLACE OF INJURY (Home, ferm, 20c. TIME OF INJURY Month, Dey, Yeer 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Not While et work at work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion Undetermined manner death resulted from: Natural causes Accident Suicide Homicide CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER DATE SIGNED DEPUTY A (DEPUTY MEDICAL EXAMINER) NAME (Type) Address (Street, city, town, or county) 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) 22a, BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify) 0 240 p Bel Air, Harford, Nov.16.1961 County Home Maryland Burial 24a, REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE 23, FUNERAL DIRECTOR ADDRESS Abingdon, Md., Mer Comas Son VS. A15ME DATE NOV 2 0 '61 - ... I Trave 5M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

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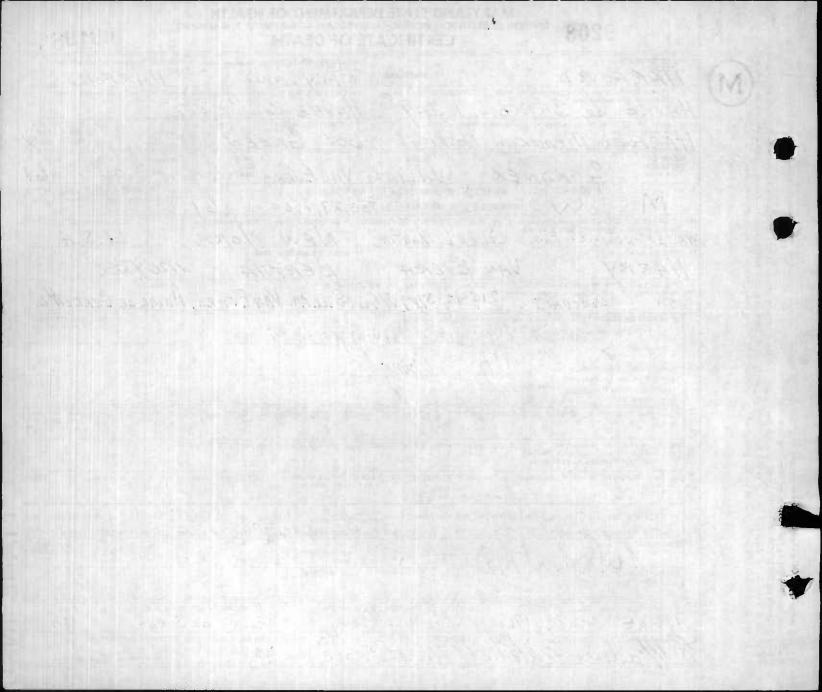
VR A1S (4) 1SM 9/59

9208

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

09198

1. PLACE OF DEATH O.COUNTY HAR FORD MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE b. COUNTY HAR FOR B
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) ROPE DAY	c. CITY ORTOWN (If outside corporate limits, write RURAL and give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street oddress), I OR INSTITUTION HAR FORD MEMORIAL HOSPITAL	d. STREET ADDRESS 601 GREEN ST. 6. IS RESIDENCE ON A FARM? YES \(\) NO
3. NAME OF DECEASED (Type or print) GARDNER WILLIA!	1. DATE Month Day Year OF DEATH August 34 1961
S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years IFUNDER 1 YEAR IF UNDER 24 HRS. IFUNDER 24 HR
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDL during most of working life, even it retired) WRITER NO SERVICE ENG. GLEN L. MARTIN	NEW YORK U.S.A.
13. FATHER'S NAME HARRY VAN EVERA	BERTHA MOYER
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.1 (Ves. no. or unknown) (If yes, give wor or dates of service) 215-12-3707 //	Mrs. Sue NI. VAN EVERA, HAVRE DE GRACEMO.
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	INTERVAL BETWEEN ONSET AND DEATH
Conditions, if ony, which) (b) (b)	
gove rise to immediate cause (a), stating the underlying couse last.	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
	ED. (Enter noture of injury in Port I or Port II of item 18.)
20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED to the p. m. 19 While at work at work 19 at work 19	LACE OF INJURY (Home, form, 20f. (City or town) (County) (State) cotory, street, office bldg., etc.)
21. I certify that (I) (this haspital) attended the deceased from sow the deceased alive on Let 55419 \(\text{and that} \)	death occurred of 12 M. from the causes and on the date stated above
22c. SIGNATURE 22c. PHYSICIAN'S LIMITED THE STATE OF THE	M.D. PHYS. 22b. DATE SIGNED STAFF SIGNED 22d. ADDRESS
23G. BURIAL CREMATION, 23b. DATE THEREOF PREMOVAL (Specify) AUG. 27.1961 ANGEL HILL	
24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	Max 250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE GPACE DATE AUG 2 8 '61 Circling & Kraus



b	.10		MARTLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
W	44		9209 CERTIFICATE OF DEATH Reg. Dist. No. (1919)
Page 4 I director, filled with	M	L	PLACE OF DEATH COUNTY Harfard 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) O. STATE MARYLAND b. COUNTY HARFORD
death unerol		'	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) RURAL BEL AIR 25 Year X RURAL BEL AIR
by the fu	X		S. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION OR INSTITUTION ON A FARM? YES VES VES VES VES VES VES VES VES VES VES VES VES
filled in ges 1 on			NAME OF DECEASED Type or print) WILLIAM GILMORE WEEMS 4. DATE Month OF DEATH AUGUST 17 1961
d with		5. 9	6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH WIDOWED DIVORCED NOVE MBER24, 1892 9. AGE (In years left under 24 HRS. Months Doys Hours Min.
ond camp ban paper			USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) PLYMBER 12. CITIZEN OF WHAT COUNTRY? Self-empl. plymber COLORADO 13. CITIZEN OF WHAT COUNTRY?
car car	T		William Henry Weems FRANCES SINGER
n certificating physic e remave 72 hours		{Yes	WAS DECEASED EVER IN U. S. ARMED FORCES? If 6. SOCIAL SECURITY NO. 17. INFORMANT (Wife) Address W. W. I 218-32-1342 Mrs. Marjorie Weems RD#2, BEL AIR Md.
attendi n pleos within			18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Massive Hemorrhage From Noso pharynx 12 hours
y the There			146X DUE TO
gned b permit. in ony			Conditions, if ony, which gove rise to immediate couse (a), stating the under-
sicion. seen si ransit		NO	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
The formal physical p	0	CERTIFICATION	PERFORMED? YES NO NO
IAN: tendin ficate the br			20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.)
PHYSIC ol or ot this cert r use as ematian		MEDICAL	20c. TIME OF INJURY Month, Day, Year Hour o. m. P. m. 19 20d. INJURY OCCURRED While Not while of work of wo
After ed fo ial, cr			21. I certify that I attended the deceased from De Clarke, 1953, to august 17, 1961, that I last saw the deceased
A ATTEN. J by the ECTOR: De detoch or to bur			alive an august 17, 1961, and that death occurred at 11:30P M, from the causes and on the date stated above. ADDRESS (Street, city or town, stole) DATE SIGNED SIGNATURE SIGNATURE ACTUAL SIGNATURE M.D. 115 FYL FORD ACE 8/0/6/1
ould hour	1		PHYSICIAN'S DALLS CTURCLETO POLICY
OSP be reft JNERAL e 3 shorregistron		220	BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (CITY form or county) (State)
may boge the re	00	05	Burial 8/20/61 Bakers Cemetery R.D. Aberdeen Maryland
VS A15 (4) 15M 10/57	PA	23.	where director's signature Tarring ADD Fisheral Home 240. REC'D BY REGISTRAR'S SIGNATURE AUG 22'61 DATE AUG 22'61
	- 4	1	John G. Tarring

HEALT			
		ALCOHOL:	

VR A1S (4) 1SM 9/S9

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

9210

09200

	PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Resi	dence befare admission)				
	a. COUNTY ford	MARYLAND	o. STATE Md b. COUNTY	artord				
T	B. CITY OR TOWN (If autside carporate limits, write	e c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If autside carporate limits, write RURAL ar	nd give nearest tawn)				
1	HAVE de Carace	123/4 hrs.	Bel Air X					
H	d. NAME OF HOSPITAL (If nat in haspital, give str.	eet address)	d. STREET ADDRESS	e. IS RESIDENCE				
	HARTORD Memorial	Hospital	RD 2 Box 1111	ON A FARM? YES NO				
	3. NAME OF DECEASED	Middle	Mala Last 4. DATE Manth OF DEATH ALL OLL CO	Day Year				
-	(Type or print) KOSAIIE	rear	rveich Hugusi	DER 1 YEAR IF UNDER 24 HRS.				
1	L /	ARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In fears IF UNI last birthday) Manth					
L	ELITHIC VYIIIC		December 16, 1880 80 yrs.					
1	during most of working life, even if retired)	06. KIND OF BUSINESS OR INDU		CITIZEN OF WHAT COUNTRY?				
	Housework	Home	Matimorand	(15+)				
Ī	3. FATHER'S NAME		14. MOTHER'S MAIDEN NAME					
	Boston Fear		Elizabeth (maiden name unk	nown)				
	IS. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes. no. or unknown) [(If yes, give wor or dates of service)	16. SOCIAL SECURITY NO. 17. II	NFORMANT Address					
	No	* None Mr	s. Paul Hastings, Jr., Bel Air.	Md. R.F.D.				
F	18. CAUSE OF DEATH Enter only one cause pe	# 1 1	7	INTERVAL BETWEEN				
	PART I. DEATH WAS CAUSED BY:	HERRIE	Bull -	ONSET AND DEATH				
	14/	IMMEDIATE CAUSE (o)						
	100 01	DUE TO DUE TO						
1	Canditians, if any, which (b)	00. 09 14	a princy	•				
1	cause (a), stating the under-							
1	lying cause last. (c)		The state of the s	DART 1/-1 10 WAS AUTORSY				
	ART II. OTHER SIGNIFICANT COMPUTOR	NS CONTRIBUTING TO DEATH BUT	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN	PERFORMEDI				
1	5 A. J. C. V. d)		YES NO				
Н	OR CONTRIBUTING CAUSE OF DEATH	DESCRIBE HOW INJURY OCCURRE	ED. (Enter nature of injury in Part I ar Part II of item 18.)					
- 1	· ·							
		£0	ACE OF INJURY (Hame, farm, 20f. (City ar tawn)	(Caunty) (State)				
Ч	P. m. 19 at	wark of wark						
	21. I certify that (I) (this haspital) att	ended the deceased from	8 11 1961 to \$15 1	9/7/, that (I) (we) last				
	saw the deceased alive an Aug &		death accurred and A.M. from the causes and an	the date stated above.				
	22a. SIGNATURE /7	-6		22b. DATE				
	Trubal/	(ABun)	M.D. PHYS. DIRECTOR PHYS.	AZELS SIGNED				
+	22c. PHYSICIAN'S		22d. ADDRESS /7 /2	- 1 2				
	NAME (Type) Lawred	C. LOO, M.	D Havre de Chace	, ned				
	230. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY C	OR CREMATORY 23d. LOCATION (City, tawn, or coun	ty) (State)				
	Burial August 8,	1961 Concord	Cemetery Near Federalsbur	rg. Maryland				
	24. FUNERAL DIRECTOR'S SIGNATURE	AODRESS	25a. REC'D 8Y REGISTRAR 25b. REGISTRAR'S	SIGNATURE				
	tramption France	I then tedus	classif Maring 11 '61 and 9	W				
F	in the state of		The state of the s	/ U.A.				

为是为是对他的时间,也也是这一一大多多。 100% 可用。 all the base of the late Representations